

Building our future: A summary of the ADA Diversity Mentoring Project

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ADA members, the largest group of food and nutrition professionals in the world, have the capability of expanding access to nutrition services for diverse populations in a variety of traditional and nontraditional therapeutic and health prevention settings. Toward that end, the ADA's 2000-2003 Strategic Plan includes goals, objectives, and tactics focused on underrepresented groups. The Association has committed to increasing diversity in educational preparation from 20% in 1998 to 25% by 2004. To meet this goal, the ADA recognized the need to try new methods for addressing diversity issues and began the Diversity Mentoring Project in February 2001 with funding from the US Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Division of Interdisciplinary Community-Based Programs, Allied Health Branch. The purpose of the project was to develop a model for mentoring minorities into nutrition science and dietetics programs. Other health professions would be able to apply this model, ultimately improving the quality of health care and accessibility of health services within culturally diverse populations.

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Fitz was co-chair and Mitchell was a member of the Diversity Mentoring Project Steering Committee. Other committee members were Glenda Price, PhD, co-chair, Naomi Kakiuchi, RD, Linda Lagman Hoops, EdD, RD, Jorge Monserrate, MS, RD, Beatrice Phillips, EdD, RD, Nonie Woolf, MPH, RD, and Young Song, MS, MPH, RD, HRSA project officer. Consultation was provided by Shayne Schneider, MEd, president, Mentors Unlimited, Washington, DC.

CHALLENGES FOR THE DIETETICS PROFESSION

Among the total US population, for those reporting one race: 75.1% were white, 12.3% were black or African American, 0.9% were American Indian or Alaskan Native, 3.6% were Asian, 0.1% were Native Hawaiian or other Pacific Islander, and, 5.5% were some other race; 2.4% reported two or more races. Among the total US population, all races: 12.5% were Hispanic or Latino and 87.5% were not Hispanic or Latino (1).

However, underrepresentation of African Americans, Hispanics, and American Indians exists in dietetics as well as other health professions. The American Dietetic Association 1999 membership survey results indicate that only 2.4% of registered dietitians (RDs) are African American, 2.0% are Hispanic, 5.4% are Asian or Pacific Islanders, and 0.2% are American Indian, Alaskan Natives, and Hawaiian Natives. Additionally, 97.4% of RDs are women (2). Representation of underrepresented groups among ADA members compared to the US population appears in Table 1.

In all health professions, adequate representation of people from minority groups is necessary for access to, and the quality of, services for the public. Perceived ethnic and social differences with health care providers often discourage consumers from seeking care or sharing intimate information required for appropriate treatment. Social and ethnic differences between providers and clients can inhibit development of effective treatment plans. A recent Institute of Medicine study provided further evidence supporting the need for increased diversity in the health professions and enhanced cross-cultural education of health professionals (3).

These issues are particularly important for the dietetics profession. Diet is a major factor in the prevention and control of chronic diseases, especially obesity, diabetes, and heart disease. Strong evidence supports the need to address these racial and ethnic differences in disease prevalence and health outcomes. Prevention and standard treatment approaches must be tailored to the needs of various patient groups, and food services in many instances must also be geared to diverse groups.

Table 1
Minority representation in US population^a compared to ADA membership^b

| Race | % of US population | % of ADA membership |
|--|--------------------|---------------------|
| Black or African American, not Hispanic | 12.3 ^c | 2.4 |
| Hispanic | 12.5 ^d | 2.0 |
| American Indian, Alaskan Native, Hawaiian Native | 1.0 ^c | 0.2 |
| Asian | 3.6 ^c | 5.4 |

^a2000 US census

^b1999 ADA membership database

^cFor those reporting one race

^dAmong all races

Obesity

According to the report issued by the National Heart, Lung, and Blood Institute of the National Institutes of Health on the evaluation and treatment of obesity in adults, "The need for obesity prevention and treatment is particularly pressing in racial/ethnic minority populations because of the high proportion of overweight and obese persons in many such populations" (4). Obesity is associated with increased risk of cardiovascular disease and diabetes.

- 52% of non-Hispanic African American and 50% of Mexican American women are overweight. In contrast, 33% of non-Hispanic white women are overweight (5).
- The Strong Heart Study (1995) on risk factors for American Indians found that obesity rates ranged from 54% to 80% among different tribes (5).

Diabetes

The complications of diabetes that result from the absence of early treatment are a serious problem for minority populations.

- African Americans experience higher rates of at least three of the serious complications of diabetes: blindness, amputation, and end-stage renal disease (kidney failure) (6).
- The prevalence of type 2 diabetes among American Indians in the United States is 12.2% for those over 19 years of age. Among people with diabetes, the rate of diabetic end stage renal disease is 6 times higher among American Indians. Amputation rates among American Indians are 3 to 4 times higher than the general population (7).
- The prevalence of type 2 diabetes is 2 times higher in Hispanics/Latinos than non-Hispanic/Latino whites; 1.2 million, or 10.6%, of all Mexican Americans have diabetes. The prevalence of diabetic retinopathy in Mexican Americans is 32% to 40% (8).

Cardiovascular Disease

- African American men and women are at particular risk for cardiovascular disease. Racial/ethnic differences are especially pronounced for women. African American women have coronary heart disease and mortality rates 35.3% higher and stroke rates 71.4% higher than for white women (9).
- Women and Heart Disease: *An Atlas of Racial and Ethnic Disparities in Mortality* highlights persistent inequalities

among women of the major racial and ethnic groups. This report supported the President's Initiative to Eliminate Racial and Ethnic Disparities in Health. The death rate from heart disease in African American women was 553 deaths per 100,000 population, followed by white women (388 deaths per 100,000 population) (9).

Food Services

In addition to preventing and treating chronic disease, another need is designing nutrition services in health facilities that are sensitive to ethnic/racial differences. Food served in hospitals, long-term care facilities, and other health care and community-based organizations has become an area of major concern as these institutions compete for clients within an increasingly diverse consumer base. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) hospital accreditation standards include requirements that the racial and ethnic sensitivities of their patients be addressed in the areas of food services, patient communications, and patient education. JCAHO standards encourage hospital staff to work closely with their local communities to identify and address the health care needs of different racial/ethnic groups (10).

Enrollment in Dietetics Education Programs

The number of minority students enrolled in undergraduate dietitian education programs offers hope for the future. According to 2001 enrollment statistics collected by the ADA's Commission on Accreditation for Dietetics Education, since 1998 enrollment of minority students has increased from 20% to 23% of total enrollment in didactic programs in dietetics (7.8% African American, 8.0% Hispanic, 6.9% Asian or Pacific Islanders, and 0.6% American Indian, Alaskan Natives, and Hawaiian Natives). However, the percentage of minority students enrolled in coordinated programs and postbaccalaureate dietetic internships necessary for credentialing eligibility was approximately 17% (4.8% African American, 5.2% Hispanic, 6.0% Asian or Pacific Islanders, and 0.8% American Indian, Alaskan Natives, and Hawaiian Natives). These data continue to suggest a disparity between the number of students interested in pursuing dietetics as a career and the number able to complete educational requirements and ultimately obtain the RD credential to practice (Table 2).

Table 2
Minority representation in dietitian education programs^a

| Race | % of total enrollment in didactic programs in dietetics | % of total enrollment in coordinated programs and dietetic internships |
|--|---|--|
| Black or African American, not Hispanic | 7.8 | 4.9 |
| Hispanic | 8.0 | 5.2 |
| American Indian, Alaskan Native, Hawaiian Native | 6.9 | 6.0 |
| Asian | 0.6 | 0.8 |
| All minorities | 23.3 | 16.9 |

^a2001-2002 Commission on Accreditation for Dietetics Education enrollment statistics

ADA Commitment to Increasing Diversity

Although recent strategic planning led to this project, in the early 1980s the ADA began a series of efforts to increase the representation of minorities. A task force was appointed to develop a minority recruitment and retention plan and the ADA Foundation increased the annual financial grant for a dietetics education program to recruit and retain students from underrepresented groups. During the 1990s, ADA leaders again expressed concern regarding the number of minorities in dietetics. Major forums and policy statements by ADA panels stressed the need to respond to an increasingly multicultural society.

In August 1999, the ADA commissioned research on minority recruitment and retention in dietetics to gain an understanding of why minority groups are underrepresented in the dietetics profession and to suggest remedial steps based on successful efforts by individuals and programs to promote minority representation. Information obtained from this study supports interventions related to mentoring as a promising means of recruiting and enabling people from minority groups to achieve their potential as dietetics practitioners. Minority RDs most often mentioned personal qualities such as perseverance and study skills as factors that helped them succeed in their training. Closely following personal capabilities were assistance, mentorship, and interest by faculty and preceptors. Education program directors cited establishment of professional networks for recruitment and providing tutoring and visible support for minorities as having positive results (11).

DIVERSITY MENTORING PROJECT

In February 2001, the Health Resources and Services Administration of the US Department of Health and Human Services awarded a \$93,000 contract to the ADA to develop a national mentoring program with specific resources targeted to African American, Hispanic, Asian or Pacific Islander, American Indian, Alaskan Native, and Hawaiian Native students. The mentoring program would serve two purposes:

- to assist directors and faculty of dietetics education programs to develop and implement mentoring programs for culturally diverse students enrolled in their colleges and universities; and
- to assist ADA members in their state affiliates, dietetic

practice groups and networking groups in creating community outreach programs designed to interest elementary, middle school, and high school students in dietetics careers.

A steering committee representing underrepresented groups within the ADA membership was appointed to identify and seek input from experts in cultural diversity, best practices in mentoring programs, and the design of successful training formats. A consultant with expertise in large-scale mentoring projects was selected to serve on the committee and assist with the design of each phase of the project. The steering committee's primary responsibilities included identifying resources and models, making cost decisions, and establishing timelines and communications strategies for all project activities; serving as a liaison to and coordinating communications with other ADA organization units, the Diversity Committee, and networking groups; planning and participating in the invitational summit; and formulating the structure and philosophical perspective for the toolkit. The co-chairs shared the role of providing formal leadership to the committee.

Invitational Summit

An Invitational Summit on Mentoring and Diversity was held July 6-8, 2001, in Chicago. The summit convened 40 individuals representing key stakeholders such as students, educators, and health care and food industry professionals. These ADA members and those from other organizations brought varying cultural perspectives, educational expertise, and diversity experience, as well as an understanding of the health care professions and the environment in which they work. Speakers for the plenary sessions shared their experiences with successful mentoring programs, research, and other efforts to increase recruitment and retention of culturally diverse students. Small group sessions allowed for personal contributions from each participant. Thus, all 40 stakeholders became partners in the development of the mentoring program.

Each of the four workgroups developed goals, outcomes, and strategies for mentoring programs targeted to minority students at various age levels from K-12 to college age (Figure 1). Based on recommendations from the workgroups, a toolkit was developed to provide program models for mentoring African American, Hispanic, Asian or Pacific Islander, American Indian, Alaskan Native, and Hawaiian Native students.

Goals, out-comes, and measures

K-8 Students and Community Outreach

Create nutrition consciousness with a "wow" factor that is culturally sensitive and makes the link between healthy eating and the role of the dietitian.

- Introduce K-8 to the field of dietetics (parents/students).
- Create health consciousness that is culturally focused.
- Create an association between eating and the dietetics field.
 - Number of meetings/contact hours (clients/mentees)
 - Frequency of contact
 - Number of field trips
 - Feedback
 - Student retention (voluntary program)
 - Tracking self-assessments (beginning to end)
 - General assessments by student/mentee
 - Number of topics/discussions in school curriculum/percentage of student participation
 - Guidance counselor attendance/support
 - Parents attitude/perception
 - Knowledge of dietetics profession and role

High School Students and Parents

Attract high school students from under-represented groups to careers in dietetics and nutrition by providing increased awareness and connections to professionals in the field.

- Create culturally sensitive materials that contribute to awareness.
 - Materials completed and disseminated to all groups
- Increase visibility of the field among various community members who promote the field of dietetics.
 - Identify, contact, and survey the communities
- Increase community (stakeholders) engagement in the network to support entry of students into dietetics careers.
 - Collect data on repeated requests for information, survey students and stakeholders
 - Increase financial support for students
- Increase the number of requests for more information on the dietetics field from students.
 - Survey program directors, Web site, survey SPRCs and state dietetic association presidents
- Increase and maintain a pool of dietetics professionals committed to mentoring high school students.
 - Survey the toolkit recipients
- Increase the number of students who succeed in the mentor and mentee relationship.
 - Check number of students enrolled in the dietetics programs
- Increase the number of underrepresented students entering higher education with dietetics majors.
 - Collect data
- Increase funding to support the model.
 - Measure money donations

Program Design and Strategies

- K-5 Community awareness; 6-8 Group mentoring
- Core activities developed w/"wow" component for school groups/clubs/ monthly meetings (ethnic group can be modified to fit situations)
- Guidelines to communicate with middle school students

A two-phased program that includes:

1. Network building, outreach to key stakeholders, material development, and a web campaign.

- Program directors and affiliates would manage this phase (targets) and manage grassroots

2. Connecting students to professionals.

- recruitment
- orientation
- placement
- recognition of mentors

FIG Matrix from workgroup sessions at the ADA Invitational Summit on Mentoring and Diversity, July 2000. (continued on pp.1006-1007)

College-Aged Undeclared Majors

- Increase the percentage of underrepresented students (including males) entering dietetics education programs from undeclared to declared majors within 2 to 5 years after mentoring program is initiated.
 - Larger enrollment from undeclared majors from under-represented groups
- Increase awareness of dietetics as a profession.
 - Use a survey instrument for incoming students from under-represented groups.
- Increase number of contacts by undeclared majors with professionals in the field.
- Increase number of requests for information after the first contact.
 - Count number of hits on Web site, mailings.
- Increase number of local practitioners who participate as mentors in 3 to 5 years.
 - Count number of mentors.
- Increase number of mentors who repeat the experience.
 - Count number of mentors.
- Increase ability of mentors to properly help students assess career opportunities in dietetics.
 - Student can report clear career goals in dietetics.

College-Aged Declared Dietetics Majors

- Increase the graduation rate of diverse dietetics students with the ultimate goal of having a rate equal to that of the institution's dietetics program.
- Increase the placement rate of diverse dietetics students into dietetic internships with the ultimate goal of having a rate equal to that of the institution.
- Increase the familiarity of dietetic internship options for the diverse students. (alternative pathways, i.e., distance education programs).
- Increase the diverse students utilization of academic supports.
- Increase the amount and number of incentives for faculty and peer mentors.
- Increase partnerships and alliances with other resources. (i.e., AHEC, NOBIDAN, DPGs, and affiliates).
- Expand dietetics major's exposure to dietetics professionals (i.e., alumni, DPGs, etc).

1. Series of 2 to 3 broadcast e-mails that introduce dietetics to a subgroup of undeclared majors or males from under-represented groups with invitation to join (eg, ADA career video, links to ADA Web site career page, testimonial of family member who has seen dietitian, links to local dietetics resources)

2. Group meeting with individuals and program faculty

■ Possible Programs: Panel of ethnically diverse dietitians discussing their careers/jobs, ADA career video, light food-related topic or topic based on upcoming event with a food and nutrition tie-in.

- Plan meeting prior to registration for next term.
- Consider involving Student Dietetic Association.
- During the group meeting complete a student information form to help assess and plan possible mentoring.

3. Identify mentees and mentors and begin telementoring:

- Utilize listservs or chat groups when possible. Because this is a group mentoring, contact group by e-mail or pre-established chat room approximately twice a month.
- Mentors can be peer group or dietetics professionals utilizing representatives from underrepresented groups where possible.

4. Consider a group face-to-face meeting at end of academic year to put closure on list serve/chat room.

1. Recruiting, selecting mentors

- Introduction to cultures through seminars, written material, and workshops
- Clear guidelines for the mentors
- Characteristics of mentors (specialty areas of interest)
- Provide recognition for mentors (certificates, newsletter mention, thank you letters)

2. Provide training for the students as good mentees

- Questionnaire for mentors/mentees (What does the student want in a mentor?)

3. Training of mentors/faculty

- Academic support system
- Social support system
- Partnership/alliances with other resources
- Functions and roles of mentors/guidelines

4. Program management

- Checklist to delineate roles for both mentors/mentees
- Assignment of mentors:
 - Making the decision (regional, local)
 - Developing alliances with other mentoring groups
- Assessment of students/mentors
 - Pre-assessment—Measure knowledge about dietetics field, options for programs, etc (3 standard questions).
 - Establish assessment instruments once the major is declared.
 - Determine mentor's best mode of communication (e-mail, phone, etc).
 - Implement a personal instrument.
 - Goal assessment sheet (update every year).
 - Information gathering about the mentoring program
 - Need for enhancement.

5. Evaluation of program

- In addition to institution's programs/instrument

Contents of the toolkit

K-8 Students and Community Outreach

Guidelines:

- Recruitment
 - Identify leadership.
 - Identify mentors.
 - Identify students.
- Training
 - Offer at ADA national meeting or locally for CE credit.
 - How to be an effective mentor—why me?
- Monitoring
 - RD
 - Student
 - Evaluations/post evaluations
- Support

Six sample "wow" activities (adapt for cultural sensitivity):

- Fat awareness
- Making peanut brittle
- Making peanut butter
- Making butter
- Making pizza

High School Students and Parents

- Resource list from each underrepresented group
- Descriptive materials (brochures, videos)
- Affiliate resource list
- Recruitment materials
- Training materials
- Mentor/mentee matching info
- Recognition materials
- Local program design materials
- Background materials
- How to partner
- Curriculum integration tools—science and math emphasis
- Evaluation and feedback system
- "Pathway brochure"
- Parent info
- General awareness materials
- Feedback tools (e-mail)
- Kit (downloadable)
- Telephone
- Orientation and training materials
- Peer-to-peer materials
- Feedback
- Role description
- Tutoring tips
- Info on high school students profile
- Question prompts
- Suggestions for activities
- Cultural awareness resources
- Cross gender/culture "difference training"

FIG cont'd

Building Our Future Mentor Program Toolkit

Completed in October 2001, the *Building Our Future Mentor Program Toolkit* will enable the user to:

- understand the need for more minority representation in dietetics;
- recognize a variety of effective mentoring models to attract and retain students from underrepresented groups;
- understand the elements of effective practice that apply to all mentoring programs;
- select the program model that is most appropriate for their organization;
- have resources on hand (sample correspondence, forms, etc) to make it easy to get a program started; and
- know where to go for additional information and assistance.

Section One of the *Toolkit* provides background on the critical need for diversity in dietetics and general information about mentoring, including the elements of effective practice. There is information on different models of mentor programs (one-on-one, group mentoring, etc) and guidelines on how to decide which type of program is best for a particular audience. The critical steps in every mentoring program are described: recruitment, screening, training, matching, monitoring, and evaluation. Sample forms may be used as is or modified to suit unique needs. These forms include recruitment materials, screening materials, training handouts, and an evaluation form. Finally, there is a list of resources: books, articles, Web sites, and organizations and a brief planning example for a state affiliate and/or an educational program with some suggested

timelines.

Section Two is devoted to mentoring programs for four categories of students:

- college students—declared majors enrolled in a dietetics education program accredited/approved by the Commission on Accreditation for Dietetics Education;
- college students—undeclared majors who can be recruited for dietetics careers;
- high school students; and
- elementary school students.

The *Toolkit* was presented to ADA member leaders in the House of Delegates, affiliates, and dietetic practice groups, as well as dietetics educators at the October 2001 Food and Nutrition Conference and Exhibition in St Louis. In February 2002, during a session on professional association strategies for increasing recruitment and retention of students in health careers, the toolkit was presented to academic deans and health profession association executives attending an Association of Schools of Allied Health Professions conference. To date, almost 1,000 copies of the *Toolkit* have been distributed, and efforts are underway to evaluate its use and the ensuing results.

RECOMMENDATIONS

The intent of the project was to inspire ADA members in state affiliates, dietetic practice groups, and diversity networking groups to establish mentoring programs for K-8 and high school students in their communities in order to raise aware-

College-Aged Undeclared Majors

- Photos/references of underrepresented groups
- Goals, objectives, and overview
 - Outline of steps for developing a possible mentoring program for undeclared majors
- Generic introduction about the assets of this group of students
- Selection of mentors, data, or information form about mentors and training outline for mentors
 - Advice for new mentors (Resource: Advisor, Teacher, Role Model, Friend—Being a Mentor to Students in Science and Engineering from National Academy of Science <http://bob.nap.edu/readingroom/books/mentor/>)
- Resources on mentoring (Include bibliography of articles to increase cultural/gender sensitivity and competence)
- Resource for addressing salary issue
- Mentoring pamphlet from National Mentoring Working Group
- Articles to help develop skill sets for cultural sensitive/competent
- Generic introductory e-mail messages
- Pathways to RD/DTR credentials and FAQs as shown on Web site and to whom to refer career questions
- Guidelines for mentees on what their role should be in the relationship
 - Not professional/nutritional counseling but academic & career counseling
 - Professional vs. personal relationship
 - Screening questionnaire on what makes a good mentee
 - Expectations/professional responsibilities
- Include sample of career guidance materials from ADA
 - Suggestions for identifying financial and other resources to support the mentoring program/project

College-Aged Declared Dietetics Majors

- List of other mentoring programs
- Recognition and marketing resource information sheet
- Resources for assistance, (ie, food stamps, welfare to work, international considerations)
- ADA resources: books on cultural foods, ADA Web site
- Functions of mentors—information sheet
- Roles of mentors (some dos and don'ts)
- How to match mentors/mentees
- How to run the program—information sheet
- How to evaluate the program
- Responsibilities/qualifications
- Introduction to various cultures
- University resources for assistance—national and international

ness of dietetics careers and increase the pool of potential students from underrepresented groups. Mentoring also can be a successful strategy for college and university faculty to attract and retain undeclared majors from diverse cultures in dietetics education programs, and assist declared dietetics majors from underrepresented groups to successfully complete credentialing requirements.

Additionally, diversity mentoring programs may provide the structure for specific steps to make the field of nutrition and dietetics more visible to K-12 minority students, school communities, and parents, such as visiting schools, providing role models, and identifying minority spokespersons. Other health professions will be able to apply this model, ultimately improving the quality of health care and accessibility of health services within culturally diverse populations. The complete *Toolkit* is available on the ADA Web site in Adobe Portable Document Format at www.eatright.org/diversity/mentoring.html.

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