

Minority recruitment and retention in dietetics: Issues and interventions

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ABSTRACT

To better understand the reasons why minorities and males are underrepresented among registered dietitians (RDs) and dietetic technicians, registered, (DTRs) and to develop focuses for intervention, the investigators performed a telephone survey of newly credentialed RDs and DTRs and directors of RD and DTR education programs. Using lists of students recruited by the American Dietetic Association for participation in the survey, the investigators interviewed 83 RDs and DTRs and 20 education program directors. RDs and DTRs attributed minority underrepresentation primarily to the field's lack of visibility and underrepresentation of men to the traditional association with women. Education program directors attributed minority underrepresentation to educational disadvantages, particularly in scientific subjects. Findings from this study support program-level interventions such as increasing program flexibility, initiating outreach to K-12 schools and lower-division college students, providing tutoring in a nondemeaning atmosphere, and visibly expressing commitment to minority representation. More fundamental changes in the profession itself appear necessary for large-scale increases in minority representation. These include increasing internship opportunities; raising the profession's level of remuneration, prestige, and independence; increasing scholarship support; and advertising nationally through channels capable of reaching minorities. *J Am Diet Assoc.* 2000;100:961-966.

Over the past 2 decades, health professions have served as major sources of opportunity for young Americans seeking stable employment, social mobility, and opportunities for public service. Allied health professions such as the field of dietetics have grown during this period from small segments of the labor force to major sources of employment opportunity. Members of minority groups, however, remain underrepresented in many of the health professions. Based on data compiled in 1997, Bryk and Soto (1) reported that only 2.5% and 1.7% of registered dietitians (RDs) were African American and Hispanic, respectively. In 1996, African Americans and Hispanics comprised 12.6% and 10.7% of the US population, respectively (2).

During the 1990s, the American Dietetic Association (ADA) has expressed substantial concern for the presence of minorities in dietetics, recruitment and retention of highly qualified people of all backgrounds, and the process by which RDs and dietetic technicians, registered (DTRs) are trained to adapt to the changing needs of society. Major forums and policy statements by ADA panels have stressed the need to respond to an increasingly multicultural society (3). The ADA has commissioned research designed to maintain the ability of the dietetics profession to attract highly qualified individuals (4) and improve the process of dietetics training (ADA Dietetics Education Task Force, written communication, 1993) (5). Concern has also surfaced in ADA discussions about underrepresentation of men among RDs and DTRs.

We discuss why minorities and men are underrepresented in

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Comments	Number of times suggested by respondents
Interest in health/nutrition	38
Family health	13
Interest in food	13
Personal health	12
Fit prior education	11
Integrated science and human contact	8
Felt need	7
Knew dietitian	7
Took nutrition class	4
Wanted clinical work	3
Interest in science	2

FIG 1. Mentions of what attracted registered dietitians and dietetic technicians, registered, to dietetics.

Reasons Given	Number of Times Suggested
Lack of knowledge	33
Rewards not commensurate with effort	10
Lack of role models	8
Academic qualifications/interest	8
Don't recognize need	8
View profession as closed	8
Lack of resources	3

FIG 2. Mentions of why minorities are underrepresented, according to registered dietitians and dietetic technicians, registered.

dietetics and identify potentially effective strategies for recruiting and retaining them in the field.

METHODS AND PROCEDURES

This research was planned as a telephone survey of 80 newly credentialed minority and male RDs and DTRs and 20 directors of RD and DTR education programs. All interview subjects were initially recruited by ADA, and their names and contact information were provided to the researchers. Newly credentialed RDs and DTRs, it was assumed, would have reliable recall of personal issues and experience relating to their selection of dietetics as a career and associated training. RD and DTR education program directors were surveyed to obtain general perspectives on recruitment and retention of minorities and information on interventions used in their programs.

Interviewing took place between October 1999 and January 2000. Once contacted, no subject refused to be interviewed. As planned, 20 interviews with education program directors were obtained; 3 interviews over the planned quota for RDs and DTRs were obtained, and all (n=83) were used in the study.

Research instruments in this study consisted of separate telephone interview schedules for (a) RDs and DTRs, and (b) education program directors. The instruments included both open-ended and closed-ended items. Respondents were encouraged to provide detailed answers to the open-ended questions related to the areas of inquiry of particular interest to them.

Quantitative findings are presented primarily as the number

of times a particular category of response was obtained for a given question. Presentation of numbers of "mentions" allows reporting of multiple comments or responses by a single person to a single question. Several key interview items encouraged respondents to provide multiple responses, such as in proposing reasons for underrepresentation of minorities among RDs and DTRs.

FINDINGS

Interest in the Field of Dietetics

The investigators sought to identify why RD and DTR respondents had entered the field through a single, open-ended question. Interviewers used follow-up probes to encourage multiple responses.

Figure 1 presents findings from this item. Responses included themes such as personal or family experience with diet-related health issues (such as overweight, hypertension, diabetes, and heart disease), general interest in health and prevention, and interest in diet and health. Items related to personal health and nutrition predominated the responses.

Alternative Careers Considered and Misgivings Regarding Dietetics

The interview schedule given to RDs and DTRs included this question: "Did you consider any other professional fields before choosing dietetics?" Most (84.3%) newly credentialed RDs and DTRs indicated that they had considered other fields. Several had worked in other professions before beginning dietetics. Health professions other than dietetics predominated as alternative choices considered.

The interview schedule for newly credentialed RDs and DTRs included the item, "At the time of your decision to enter dietetics, did you have any misgivings or second thoughts?" This question was included to provide clues about misgivings among minority people who may have at some time considered dietetics decided not to enter the field. Although the misgivings expressed by the survey respondents did not deter them, such misgivings seem likely to have deterred others. About one-third of RDs and DTRs interviewed reported having had misgivings. Equal numbers (21.4%) stated fear of residency and limited opportunities as their responses. Salary and opportunity combined were the most frequent responses. A total of nearly 40% of respondents specified misgivings relating to perceptions of low salary and limited opportunity.

Reasons why minorities and men are underrepresented

Most RD and DTR respondents (84.9%) believed that minorities were underrepresented; interviewers were directed to ask these respondents to suggest reasons for this. Lack of knowledge about the field predominated as an explanation. Frequent responses also included comments that minorities perceived academic requirements to be difficult and rewards to not be commensurate with required effort (see Figure 2). All RDs and DTRs were asked why men were underrepresented. Responses included beliefs that men perceived dietetics as a field for women, and one characterized by low salaries.

The questionnaire given to educational program directors also asked respondents why they thought minorities were underrepresented in dietetics and what factors discouraged qualified minorities from entering the field. Among the education program directors, academic issues were mentioned most

frequently, including poor academic background (5 mentions), difficulty with sciences (6 mentions), and absence of role models (6 mentions). When asked the factors that discouraged qualified minorities from entering the field, the directors most frequently mentioned salary (14 times), difficulty with internship (6 times), and cost of training (4 times).

Education and Certification

A series of questions on the questionnaire given to RDs and DTRs addressed problems encountered in the didactic phase of training. A total of 26 (31.3%) of the newly credentialed RDs and DTRs indicated that they had encountered problems in this phase.

The questionnaire asked RDs and DTRs about the factors that led to their success at this stage. Good preceptors and faculty received the most frequent mentions. Perseverance and determination was a close second. Combining personal determination with other factors related to personal ability and drive produced the largest category of responses.

The questionnaire asked respondents if they had ever considered dropping out or transferring to another field. Twenty of the 83 RDs and DTRs interviewed (24.1%) said yes.

A series of questions asked RDs and DTRs about problems they had encountered during the supervised practice (internship) component of training. Twenty-nine of 76 interviewees answering this question indicated that they had had such problems. These included being the only African American in the program, being placed at a site where no one spoke English, encountering a higher-than-expected level of performance, having a director that provided poor-quality guidance, and experiencing financial hardship. A male respondent indicated that having to “tiptoe around the gals” was a problem for him.

Factors to which the RDs and DTRs attributed success included approximately equal numbers of mentions of faculty and mentors and personal determination and skills. Combining mentions of personal determination, skill, and ability again produced the largest category of responses. Figure 3 summarizes the most frequent responses to questions regarding determinants of success at the didactic and supervised practice stages.

The questionnaire given to RDs and DTRs also inquired about the certification examination. Fewer than 20% of the respondents indicated they had encountered problems in this area. Good preparation in formal training, hard study, and review courses were predominantly named as success factors.

Suggestions for Recruiting and Retaining Minorities

Questionnaire items given to the education program directors as well as the newly credentialed RDs and DTRs asked respondents to assess the value of recommendations recently published in the ADA’s *Education Newsletter* (6) and to make their own suggestions for increasing minority representation.

Responses to the first item, presented in Figure 4, indicate the percentage of participants considering each suggestion “extremely valuable.” Among the RD and DTR respondents, attendance at school functions such as career days and fairs seemed to draw the greatest support. Among education program directors, organizing minority and male alumni and offering introductory nutrition courses were the clear favorites.

Respondents were also asked a question designed to elicit their own ideas regarding recruitment and retention of minorities (see Figure 5). In response to an open-ended question regarding what dietetics education programs should do to

	Frequency	
	Didactic	Internship
Good faculty/preceptors	29	21
Perseverance/determination	23	19
Personal ability	12	14
Love for field	11	9
Family support	11	5
Work/study skills	8	5
Desire to complete program	9	4
Peer support	8	6
Prior experience	5	8
Mentor	5	4
Scholarship support	3	0

FIG 3. Mentions of factors that contributed to success in specific phases of training according to RDs and DTRs.

recruit and retain minorities, newly credentialed RDs and DTRs most frequently suggested visiting high schools with a large minority population, providing high school role models, and publicizing job opportunities. The steps most frequently suggested by education program directors included advertising nationally to minorities and offering scholarships.

ADA Membership

One of the objectives of the survey was to determine how to increase the number of minority members of the ADA. Motivations of respondents for joining the ADA among newly credentialed RDs and DTRs included professional affiliation, keeping up with the field, seeking opportunities to network, and employment requirements. Several indicated that they had joined as students and kept their membership.

The RD/DTR questionnaire included an item asking about steps the ADA could take to increase minority membership. The most frequent responses were to advertise the benefits of belonging to the ADA, offer more diverse programs, publish more *Journal* articles related to diversity, and appoint more diverse representatives.

Reported Use of Specific Recruitment and Retention Methods

The program directors reported that they were using or had used a wide variety of recruitment methods. No recruitment method predominated the responses, although visiting schools and minority organizations were mentioned most often. A more visible pattern seems to exist in retention methods. The most frequently mentioned methods used to promote retention were mentoring, demonstrating commitment, and tutoring. Responding to a question asking them to identify the most effective retention method they had used, the program directors predominantly mentioned “demonstrating commitment.”

RDs and DTRs

Comments by newly credentialed RDs and DTRs amplify and extend the numerical findings. Although only a small number of men were interviewed, for example, they offered perspectives different from women in dietetics. Two male respondents said they became interested in diet through weight training. One suggested that advertising in body-building magazines would alert men to opportunities in dietetics related to sports. Men seemed more likely to emphasize the scientific features of dietetics as factors that attracted them to the field and were

Suggestion	RDs and DTRs	Education Program Directors
Designate a person in dietetics program who will coordinate recruitment efforts	46.3	30.0
Develop a relationship with minority student services	61.0	60.0
Hold an open house for potential applicants	41.5	10.0
Organize minority and male alumni to assist in recruitment and mentoring	57.8	80.0
Attend school functions including career days and fairs	62.7	35.0
Train students as peer advisors	37.3	50.0
Work with schoolteachers to develop programs that highlight the dietetic professions	57.8	40.0
Supply schools and community agencies with brochures, videotapes, and other promotional material	59.0	25.0
Offer introductory nutrition courses for lower-division college students	51.8	85.0
Develop bilingual brochures or videotapes introducing the field of dietetics	53.0	20.0

FIG 4. Percentage of RDs, DTRs, and Education Program Directors considering suggestions for increasing minorities in dietetics "extremely valuable."

	Frequency	
	RDs and DTRs	Education Program Directors
Advertise nationally with minorities, including alternative TV channels	21	5
Identify minority spokespersons	13	0
Offer scholarships	10	3
Develop mentoring programs	10	2
Define nutritionists to public	9	1
Increase pay and professional standing of dietetics professionals	7	2
Give awards to schools that recruit minorities	4	0
Pass Medical Nutrition Therapy bill	2	0
Start minority groups at universities	2	0

FIG 5. Steps suggested to ADA to increase minorities in dietetics (mentions): RDs, DTRs, and Education Program Directors

less likely to mention family experiences. Several male respondents shared initial misgivings about dietetics because of perceptions that the field had not promoted itself as an independent profession, with practitioners traditionally thinking of themselves as assistants to more visible professionals, such as physicians.

A majority of the RDs and DTRs interviewed in the study reported no difficulty with their training and never considered dropping out. Several respondents, however, did feel that they had encountered bias-related problems, sensing that teachers and preceptors expected them to have academic problems. Some respondents noted that they indeed had poorer preparation than nonminorities, and particularly valued encouragement of teachers and preceptors for this reason.

Education Program Directors

The small number of interviews with education directors adds particular importance to their narrative comments. Comments from several education program directors underscore themes apparent in the figures regarding adaptation of education programs to minority students' needs, mentorship, and visible commitment and encouragement by program faculty and directors. A theme not as apparent in the numerical data also appears to be important here—building professional networks to help identify potential new minority entrants into dietetics.

An impressive "success story" underscores the importance of adaptation, mentorship, and visible commitment. The direc-

tor of a coordinated program associated with the Special Supplement Nutrition Program for Women, Infants, and Children (WIC) described students in her supervised practice as people who could probably not obtain internship elsewhere because of their grades. These people, though, were good dietitians, spoke languages widely used in the community, and had cultural rapport with community residents. The respondent commented:

"We developed our own internship program in which we allow people to work here for a year, so we see how they perform as people and dietitians, and then we allow them to apply to the internship, where they work half-time and do the internship half time. The stereotypical dietitian is white, 22 years old, and five-foot-six. These don't serve the high risk populations. We get people who couldn't do the internship elsewhere but who are important to have in the field. We give them encouragement and help. We have great outcomes. All our interns (4 per year) have passed their exams. Those who have stayed with us serve on our in-house committees, get to be directors, and do translations for the county. They never would have gotten a chance elsewhere. Not all are minorities, but maybe 40%. There is a lot of rigor but also a lot of mentoring. The interns get take-home exams. They get lots of assignments, but they get extra time to get it done. People get every chance to be successful. I sent one person to a writing skills workshop, to

work on communications skills. All my interns have passed their exams; they have begun to be promoted to director levels; they are in high demand.”

Another respondent described the importance of a professional networks crucial in identifying appropriate applicants:

“We are assisted by a professional network, which identifies the kind of people we are looking for. People in this group tell us who would be good for employment in the WIC program, which employs 120 people with training or credentials in dietetics. We invite people from this pool into the dietetics internship program.”

Comments of respondents from other geographical areas provided other examples of professional networks useful for recruiting. One such example was a network extending throughout a regional system of Native American tribal colleges.

A particularly enthusiastic set of comments by one respondent underscores the importance of program flexibility and visible, personal commitment by educational program faculty and directors for retention of minorities. She told the interviewer: “Nobody quits. I’m on my fourth class. Of the 4 past classes of 71 students, only one has not taken the exam. They finish and get on with their lives. The most important factor is personal encouragement. I say, ‘What are you? Nuts? You think you’re going to quit? Forget it! If you need time off, take it.’ People can flex their hours to make it work.”

It is important to note that several program directors identified internship placement as a particularly important factor in minority underrepresentation. Several commented that there are twice as many applicants for each available internship slot. Minorities, they indicated, are at a disadvantage in competition for internships because they tend to receive poorer (although adequate) grades in didactic training. These applicants, said the respondents, would make very good dietetics professionals, but are unable to complete their training because they are unable to obtain internships. According to one program director, failure to obtain an internship is perceived as demeaning by the applicant, which discourages him or her from reapplying at a later date. Program heads also indicated that members of some minority groups are reluctant to move to distant parts of the country, often a necessity for internship training.

DISCUSSION

Limitations of the Study

Readers must interpret the findings presented above in light of the fact that the samples obtained represent no definite universe. Sampling frames comprised lists of RDs, DTRs, and education program directors recruited by the ADA for the study. Bias may have resulted from personal interest among these respondents in issues regarding minorities in dietetics. All newly credentialed RDs and DTRs interviewed in this study, moreover, had completed their training and begun practice. Nearly all were members of the ADA. It seems possible that a sample of less-immediately successful RDs and DTRs, particularly those who had not completed internships, would have given responses different from those actually sampled.

Numbers of interviews for both RDs/DTRs and educational program directors were too small to allow statistical comparison between genders, races, and professional categories. Important findings may have been obscured for this reason.

Synthesis of Findings

RD and DTR respondents to this study reported entering the field primarily because they were interested in food and related approaches to health promotion. Many desired to fill needs they had noticed in their communities. Interests in sports or science contributed to the attraction of several respondents. Financial rewards were mentioned only infrequently.

As factors that helped them succeed in their training, RDs and DTRs most often mentioned personal qualities such as perseverance and study skills. Closely following personal capabilities were assistance, mentorship, and interest by faculty and preceptors. Family and peer support was the third highest response. Only a few mentioned the importance of scholarships.

RDs and DTRs predominantly identified lack of visibility as the reason for underrepresentation of minorities in dietetics. This is consistent with the emphasis placed by RDs and DTRs on interventions such as attending school functions, career days, and fairs as a means of increasing minority representation. Also consistent with this perspective is the recommendation that ADA help to increase representation of minorities by advertising nationally in minority-oriented media.

Education program directors provided several examples of successful methods for recruiting and retaining minorities. Establishment of professional networks for recruitment seemed to be especially valuable. Providing tutoring and visible support for minorities were also reported as having positive results. The fact that educational program directors frequently cited visible commitment to the success of minorities deserves special emphasis.

Education program directors differed from RDs and DTRs in their evaluation of why minorities are underrepresented. Although RDs and DTRs emphasized the lack of visibility of dietetics to young minority people, program directors indicated academic disadvantages as the principal reason for minority underrepresentation. Program directors also differed from RDs and DTRs by placing strong emphasis on the value of organizing male and minority alumni for recruitment and mentoring.

CONCLUSIONS

Although the RDs, DTRs, and education program directors interviewed in this study do not necessarily represent the broader profession, their comments offer several guidelines for future discussion and intervention. Findings presented above suggest that attention be focused on a limited set of actions. Some interventions can be carried out by individual education programs. Other steps require coordinated efforts by the dietetics profession as a whole.

The findings presented above suggest that the attention of individual programs be focused on 4 potential interventions: program flexibility, outreach, tutoring/mentoring, and demonstrating commitment.

Program Flexibility

Many minority enrollees may benefit from additional time to complete their requirements. This is particularly important to those who have reentered training at a later stage in life, those with family responsibilities, and those having to overcome disadvantaged educational backgrounds.

Outreach

The interviews reported here indicate that dietetics represents an unknown or unfamiliar field for many potential profes-

sionals. Increasing visibility of dietetics through outreach to K-12 schools and lower-division nutrition courses in college seems to be potentially useful. Outreach may also take the form of developing networks with local schools, colleges, alumni, RDs, and DTRs.

Tutoring/Mentoring

This appears to be a promising means of enabling minority people to achieve their potential. Tutoring should take place in an atmosphere of mentorship, where people are encouraged to recognize their gifts rather than acknowledge limitations.

Demonstrating Commitment

No single intervention appears to be most important, particularly for retention of minorities in education programs. Belief in the student's ultimate success and his or her importance to the profession is a factor cited by both RDs/DTRs and program directors as conducive to retention in didactic and supervised practice programs.

Other, more basic steps would require coordinated action by the dietetics profession as a whole. Key actions such as these should be considered.

Increase Internship Opportunities

Internship requirements are cited as a major factor discouraging qualified minorities from entering dietetics. It is apparent that many people who are successful in didactic training cannot enter supervised practice because of keen competition for available slots. The dietetics profession should explore expansion of supervised practice programs and alternatives to the current structure of supervised practice to meet the needs of nontraditional applicants. It seems possible that many minorities who have completed didactic training could soon qualify for certification if new supervised practice opportunities were offered to them.

Raise Salaries, Prestige, and Independence

Raising the prestige and remuneration of the profession would make it more attractive to minorities who now gravitate to medicine, nursing, teaching, and a host of other competing fields. Many fields that compete with dietetics for talented entrants offer richer rewards for completion of scientific curricula and supervised practice. Although this is a long-term objective, increasing salaries and prestige in dietetics may be necessary if the field is to increase its attractiveness outside of traditional segments of the population.

Offer More Financial Support

Surprisingly few RD/DTR respondents indicated financial aid as a factor that helped them to succeed. This finding may reflect the availability of few scholarships or the limited amount of financial aid provided by them. Evidence that relatively little scholarship support may be available is important when viewed alongside the fact that dietetics professionals do not earn salaries competitive with other demanding fields. Offering more and larger scholarships for minorities than are available today may be an intermediate solution. Although salaries in dietetics may not rival those in fields such as medicine, scholarship support may ease concern over the discrepancies among those considering dietetics.

Increase Visibility to Minorities and Men

Newly credentialed RDs and DTRs identified lack of visibility

as a major reason for underrepresentation of minorities, and in response to a separate item, recommended advertising nationally using channels capable of reaching minorities. Such channels may include nontraditional media, such as bodybuilding magazines, as a means of reaching men.

Although program-level interventions require material resources and personal commitments, such interventions tend to be straightforward. Steps requiring action by the profession as a whole, however, are less certain in both concept and method. There are no recipes, for example, for increasing a profession's independence, prestige, and earning power, steps that would undoubtedly attract greater numbers of qualified minorities and men.

Health professions that have undertaken well-coordinated and long-term campaigns to increase their remuneration and social standing may provide concepts useful to the dietetics profession. Optometry is an instructive example. Throughout the early 20th century, optometry societies lobbied state legislatures and their own members to reduce provision of optometric services in a manner that would cast optometrists as employees or tradesmen (7). The optometry societies attempted to influence both state laws and the business practices of their members.

Among all professions, medicine has been most successful in enhancing its fortunes through coordinated actions to promote the independence, prestige, and remuneration. The early 20th century saw the closure of large numbers of medical schools, actions that reduced supply and raised physician income throughout the ensuing decades (8). Unlike dietetics, medicine offers more residency slots today than US graduates can fill, necessitating importation of residents trained abroad. Realizing that residencies (and ultimately jobs) are available to them, US medical students typically experience training and residency as a "sponsored" or "colleague-oriented" career (9). For many dietetics professionals, this experience seems to be more individualistic and competitive in nature.

Clearly, actions similar to those taken by physicians, optometrists, and many other health professionals would require difficult deliberation and decision-making. Increased understanding of values, motivations, and career experiences of both minority and nonminority RDs and DTRs would aid in development of such strategies. A strong professional culture apparent in dietetics may lead the field in a direction different from other professions.

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