

DIVERSITY IN DIETETICS: WHY DOES IT MATTER?

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Introduction

At the 2016 Food and Nutrition Conference and Expo's (FNCE), the largest annual meeting of food and nutrition experts, Opening Session, past president of the Academy of Nutrition and Dietetics (henceforth, "Academy"), Lucille Beseler stated: "A health profession must look like the public it serves to remain strong, trusted and aware of the challenges and needs of a diverse population."¹ For "nearly three and a half decades, the Academy [has been] aware of the need to culturally diversify its membership base," and "called for an increase in diversity in 1984."^{2,3} However, the demographics of the profession remains largely monolithic despite recognition of the need to increase diversity in the field and dedicated efforts to do so.

The lack of diversity amongst healthcare practitioners has long been an issue, and within the dietetics profession is no different. However, it could be argued that this issue is more pronounced within the dietetics profession. Overwhelmingly, out of 100,000+ dietitians, 74.8% identify as white.⁴ As a contrast, 4% of dietitians identify as Asian, 3.3% as Latino/a, 2.5% identify as Black, 1% identify as Native Hawaiian or Pacific Islander, 0.6% identify as American Indian or Alaskan Native, and 1.1% identify as other.⁴ According to the 2010 U.S. Census, the total U.S. population is 63.7% White, 16.3% Latino/a, 12.2% Black or African American and 4.7% Asian, 0.7% American Indian or Alaska Native, 0.15% Native Hawaiian or other Pacific Islander, and 0.2% are some other race.⁵ In comparison to the current racial/ethnic demographics within the U.S. where nearly 34.3% of the population identifies as a racial or ethnic minority, approximately 12.5% of the dietetics profession identifies as a racial or ethnic minority. It is overwhelmingly evident that these demographics do not reflect the racial or ethnic diversity of the nation.

Why is this problematic? One reason is related to the populations served by dietitians. Communities of color are amongst the wide variety of populations for which dietitians provide services. Chronic diseases such as obesity, diabetes, and heart disease disproportionately affect people of color who are often also at increased nutritional risk.⁶ The prevalence of obesity (body mass index ≥ 30 kg/m²) was 47% in Latino/a adults and 46.8% in non-Latino Black adults compared to 37.9% in non-Latino white adults.⁷ Whereas with diabetes, there is a 77% and 66% higher risk of being diagnosed with diabetes for African-American and Latino/a populations, respectively, when compared to white populations.⁸ Compared to the general population, the risk of developing diabetes is twice as high for Asian Americans, Native Hawaiians, and Pacific Islanders.⁸ Heart disease is one of the leading causes of death in the U.S, accounting for 1 in 4 deaths.⁹ However, disparities exist with the prevalence of cardiovascular risk factors, hospitalization rates, and life expectancy - where the risks are higher for non-Hispanic black populations than for non-Hispanic white populations.⁹ These chronic health conditions have nutritional implications and can be prevented and/or managed through lifestyle modifications that include nutritional intake.

The rapidly changing demographic profile that is taking place within the nation is only going to make the current issue with the lack of diversity a larger one if it continues at its current rate. It

is projected that by 2044, minority populations will become the majority – with more than half of the U.S population belonging to a minority group.¹⁰ As the nation steadily continues to become more and more diverse, the need for dietetic practitioners to also be reflective of that diversity is even more pronounced. The ramifications of this not being achieved may result in the health of minority communities to continue to be at risk.¹¹ However, diversification of the workforce is one way to address health disparities and improve the quality of care and health of the general population.¹² The U.S. Department of Health and Human Services (HHS) recognizes the benefit of a diversified workforce in the possibility of improving population health outcomes “through greater access to care for underserved populations and better interactions between patients and health professionals.”¹³ Furthermore, practitioner-patient concordance, especially in terms of cultural and language representation, “has been shown to improve patient satisfaction, patient-clinician communication, and access to care for patient[s] belonging to minority populations” which also contributes to increased quality of care.¹² The present paper explores the importance of diversifying the field of nutrition and dietetics and examines the efforts that have been taken to address this issue.

Overview of the dietetics profession

The dietetics profession is a field of healthcare in which practitioners focus on the relationship between food, nutrition, and health in order to work toward health promotion and disease prevention/management. The science-based discipline studies the diet and its implications on health and the human body and is supported by evidenced-based research. Key practitioners within the dietetics profession include Registered Dietitian Nutritionists (RD/RDNs). RDNs, dietetics practitioners who are food and nutrition experts, are among those credentialed to practice within the field of nutrition and dietetics. The credentialing process for these dietetics' professionals includes completion of a didactic and experiential training program. They may work in various settings, some of which include healthcare, industry, public health, academia, research, and food service. As with any science, nutrition is always changing and as such, the dietetics field has changed drastically since its inception. However, the same is not true for the make-up of practitioners within the field. The Academy (then known as the American Dietetic Association or ADA) was founded in 1917 but given the time period, diversity was not one of their focuses. The profession was “overwhelmingly white” then and predominantly continues to be now.³

Research regarding diversity in the field

Diversity can be defined as “the range of human differences, including but not limited to race, ethnicity, gender, gender identity, sexual orientation, age, social calls, physical ability or attributes, religious or ethical values system, national origin, and political beliefs.”¹⁴ While there are many facets of diversity that may not be represented within the field of nutrition and dietetics, I am particularly interested in the lack of racial and ethnic diversity within the field and will be focusing on those two facets for the purposes of this paper.

Upon revision of the literature published from the Academy, I found a variety of research regarding diversity that has been released over the past three and a half decades. The Academy has recognized that the lack of representation within the field is of concern, as I have previously stated. So, what has been done to address this concern? The Academy's (then ADA) formal commitment towards seeking to increase the diversity of the profession began in 1984 through an Academy and Foundation commissioned study on the health care of minorities.¹⁵ The findings from that study were released in a report titled, *A New look at the Profession of Dietetics*.¹⁵ It was in this report that the importance of a racially and ethnically representative membership base was expressed as necessary "to fulfill its responsibilities as a professional organization ... [and]... has a social obligation to tap the inherent potential within minority population groups as a benefit to both the dietetics profession and society."¹⁶ The membership base at the time was comprised of 87% of membership identifying as white.⁶ As a response to recommendations from that report, in 1987 the Academy developed its first Minority recruitment and retention plan and in 1992 appointed a House of Delegates (HOD) Affirmative Action Committee.^{15,16} By 1995, the HOD Affirmative Action Committee had renamed the Diversity Committee and assigned to the Board of Directors' (BOD) reporting structure via a revision to the Academy's bylaws.¹⁵⁻¹⁷ In 1996, the Diversity Committee drafted a diversity philosophy statement that was subsequently approved by the BOD and coincided with the update of the Academy's 1996-1999 Strategic Framework, for which diversity was a common tenet within the overall plan.^{15,16} In 2001, the Academy's commitment towards the goal of increasing diversity of the membership included strategies to "increase diversity in educational preparation" via a nearly \$100,000 federal grant from the U.S. Department of Health and Human Services (HHS) for the development of a national minority mentoring program.^{17,18} This same year, the development of *Building Our Future*, the diversity mentor program toolkit followed.^{3,18,19} Still being utilized today, the purpose of this toolkit has been to "assist [current] dietitians in recruiting culturally diverse students" at the K-8, high school, and college levels as well as to "offer ... tactics to provide [students with] mentoring and education ... to [attract] them toward the dietetics profession."^{15,20}

These actions were further complemented by several other activities by the Academy to demonstrate its commitment to diversity. Some include the creation and subsequent formal recognition of networking groups such as Member Interest groups (MIGs); the creation of the Diversity Action Award and Diversity Promotion Grant in 2005 – an award and a biannual grant that recognizes similar accomplishments in minority recruitment and retention-related projects; the introduction of the Diversity Leader program in 2009 – a 2-year leadership program that offers mentorship, training, and networking opportunities to selected active Academy members from underrepresented groups; the release of the supplement to the *Journal of Nutrition and Dietetics*, *Building a Brighter Tomorrow: Diversity, Mentoring and the Future of Dietetics*, in 2013 – a framework for the initiatives supporting diversity that the Academy has done; and more recently the development of the Academy's first Diversity Strategic Plan in 2014.^{3,15,17} The Diversity Strategic Plan 2015-2020, is a 5-year plan "to impact

and influence all levels of the Academy including increasing the diversity of future nutrition and dietetics practitioners and the cultural competence of current nutrition and dietetics practitioners” through the development of “pipeline programs for both entrance into and leadership of the profession as well as cultural competency for current practitioners”.¹⁵ However, despite these efforts the lack of representation within the field remains a concern. Momentum towards diversity work in the healthcare workforce was evident in the 1990s and early 2000s, but minority representation in healthcare still fared poorly compared with optimal numbers necessary for adequate representation, including within the dietetics profession.²¹ In 1999, the Academy’s (then ADA) membership survey indicated that nearly 10% of the profession was racially or ethnically diverse with 2.4% of RDs identified as African American/Black, 2.0% identified as Latino/a, 5.4% identified as Asian or Pacific Islanders, and 0.2% identified as American Indian, Alaskan Native, and Hawaiian Natives.¹⁸ Although gains in percentages are apparent, compared with current statistics, there has not been an extremely significant change in a span of nearly 20 years as nearly 11.4% of RDs identify as belonging to an underrepresented group.⁴ With the minimal progress that has been made towards diversification of the profession, it leads many to believe that the aforementioned initiatives have not worked.^{6,22}

Why do the demographics continue to fail to be representative of minority groups despite the clear dedication that the Academy has made towards such efforts? One problem may be related to the approach. Primary solutions to address the issue of diversity has focused on addressing recruitment through varying methods, such as mentorship, with the thought that mentoring and addressing minority students “lack of knowledge about the profession” will increase the likelihood that students will pursue the dietetics profession.²⁰ In addition, several studies exploring diversity in the field has supported or suggested recommendations for recruitment. For example, in 1996, an article released in *Journal of the American Diet Association* discussed the involvement that the Academy was taking to “develop and implement successful programs to recruit persons from underrepresented groups into dietetics education programs.”¹⁶ Davis and Greenwald (2000) suggested program flexibility and outreach be used as recommendations for recruitment.^{20,23} Suarez and Shanklin (2002) suggested that more minority students would be attracted to the field through early recruitment methods such as during school career days.²⁴ Taylor et. al (2003), suggested “strategic plans for marketing and recruitment of minority students” as a means to increase the diversity of the profession by means of increasing diversity of dietetic programs.¹⁹ Felton et. al (2008) also suggested that “recruitment efforts should begin early” in order to increase the number of minority students, specifically African-American students, in the profession.²⁵

In-kind with these recommendations, the Academy developed the *Building Our Future* diversity mentor toolkit with the intent of addressing “minority students’ lack of awareness” about dietetics as a career choice and assisting current dietitians with recruiting minority students into the profession.^{20,26} This resource “has been the guide to address diversity recruitment for the field” for the past 17 years, and arguably as evidenced by the stagnancy of representation

that is still being observed, has not resulted in substantial impact.²⁰ While mentoring individuals of diverse background and experience is an effective tool that can be used for recruiting and obtaining adequate representation in the profession, it alone may not address the lack of diversity in the profession.²⁷

There are multiple factors that affect one's interest in a particular profession and "lack of awareness" isn't the only barrier of entry. Barriers within the education/training to become an RD, perceived cultural barriers to academic success, lack of economic ability, and inability to envision oneself in the profession have been cited in the literature as some of the other obstacles that inhibit diverse individuals from entering the dietetics profession and cannot solely be addressed via mentoring or education about the field.^{19,22,25,28,29}

Barriers in the pathway to becoming an RD

The training to become an RD requires the completion of a bachelor's degree in Nutrition/Dietetics through an Accreditation Council for Education in Nutrition and Dietetics (ACEND – the Academy's accrediting body) accredited Didactic Program in Dietetics (DPD) or Coordinated Program in Dietetics (CP).³⁰ One may also complete the core competencies that are outlined by the Academy as a post-baccalaureate through a non-traditional pathway.⁶ Upon completion of the coursework, one must also complete 1200 hours of supervised practice known as the Dietetic Internship (DI) that is accredited by the ACEND.³⁰ This may be achieved alone, through a CP, or through an Individualized Supervised Practice Pathway (ISPP) of an ACEND accredited program.³⁰ After the coursework and DI are completed, to legally obtain the credential to be a dietitian, one must pass a national examination administered by the Commission on Dietetic Registration (CDR).³⁰ However, the matching process is highly competitive and has been exacerbated by a lack of internship openings available for those eligible to apply for them.³¹ Nearly half of those who apply for internships are not accepted.³² There has also been observed disparities in dietetic internship program acceptance for students belonging to minority groups.²² Furthermore, there is a high financial burden of obtaining a DI, especially for minority students who may also be of lower socioeconomic status (SES). The duration of the internship can span 8 to 24 months, may require relocation, and are unpaid.^{3,32} In addition, the range in cost for DPD or CP programs range in cost from \$6000 to \$30,000+.³ While some programs offer stipends and the Academy provides some scholarship funding, there is not enough funding or financial support available to offset costs for minority students. Furthermore, in 2024, those seeking to obtain the RD credential must have a Master's degree.³² While this is advantageous for increasing the competency of future practitioners, it will not make the field more inclusive as it will further increase the expense for obtaining the RD credential, presenting an additional barrier of entry for minority or disadvantaged students. Arguably, it can be suggested that the pathway to becoming an RD can be more arduous as a student of color.

Perceived cultural barriers to academic success

Educators function as a key stakeholder for the future of the profession as their responsibilities involve student recruitment, admissions, and retention efforts.^{20,32} As such, the gatekeeper role that they play influences the ability for the profession to become more diverse. Literature on the perceptions of dietetic program directors and dietetic educators frequently cite substandard academic preparation in science and math, academic difficulties, and absence of role models as reasons why minority students are underrepresented in the field.^{20,22,23,33,34} This language that is commonly used when describing barriers for diverse students is reflective of deficit thinking – the suggestion that marginalized individuals “are lacking and do not possess the cultural resources necessary to navigate opportunity structures such as dietetics education.”^{20,35} These implicit biases place blame on those who are underrepresented and fail to acknowledge the cultural resources and knowledge that these individuals do possess and would bring into the field.^{20,35} Additionally, the ability to develop “solutions to address the institutional barriers that prevent an increase in diversity and equity in the field” is hindered by such thinking.³² Moreover, there is research to suggest that minorities experience bias in their dietetics education. In a study, Wynn, et. al (2017) found that white dietetics students reported that they received a higher level of faculty support during both the didactic and internship segments of their education than students from other backgrounds.³⁴ The same study also reported that less support is perceived by diverse students in dietetics and that the system of dietetics education is unfair.³⁴ These findings suggest the need for increased equity in support for dietetics students “in a variety of domains, starting from academic and financing education to providing psychosocial supports” in order to encourage increased diversity in the field.³⁴ They also support the need for holistic admission processes that considerate of a broader range of factors in order to determine the overall potential of student success in the field rather than relying solely on academic achievements and other stringent criteria.^{24,32}

Cultural Identity and the Stereotypical Image of the RD

The evidence of the lack of diversity within the field also discourages diverse individuals from pursuing the profession. Lack of visibility of minority professionals in the field has been cited in the literature as a deterrent to pursuing a career in dietetics by diverse individuals.^{25,28,32} This may be contributed to thinking that one may not “fit the mold” or may be the “odd man out” within the field, which can be uncomfortable and thus avoided.^{24,29,36} There is also a stereotypical image of the dietitian that is often times perceived as being skinny, physically fit, and perfect.^{29,37} Additionally, the stereotyped dietetic image in the literature is commonly associated with “an interest in health, physical fitness, and healthy eating.”^{23,25,29,38} However, those of diverse racial and ethnic backgrounds may not withhold these same ideals within their cultural identity. For example, Felton et. al (2008) found that the relevance of dietetics to the African-American community influenced the lack of African-American students pursuing the profession, citing that the concept of healthy eating was different in the African-American community than what is portrayed in the field.²⁵ This is evidenced by the perpetuation within

the field of a “correct” diet and body image that is reflective of dominant white culture.² This sentiment was also expressed in a recently released article in the Academy published Food & Nutrition magazine, where dietitian Tamara Melton stated that “we [dietitians] have a very narrow of what healthy eating looks like; it’s not inclusive of other cultures.”³⁶ Therefore, those who do not feel that they can ascribe to these stereotypical characteristics may be resistant to pursue the field.²⁹ There is not much research on how cultural identity plays a role in the pursuit of a career in dietetics, however, it is an important component that is often disregarded when addressing the lack of diversity in the field.²⁰ Similarly, the stereotypical image of what it means to be a dietitian needs to be challenged if the field is to be more inclusive of diverse individuals who do not fit within that portrayal.

Why is diversity important?

The importance of ensuring that the profession has a diverse membership is multifaceted; however, the benefits abound for both clients and patients as well as students and nutrition and dietetics practitioners. People of color are disproportionately identified as being of high risk for nutrition-related health issues.^{29,39} They are also at increased risk for developing diabetes, disease, stroke, and hypertension, which are among the top causes of mortality.^{29,39} 77% of Latinos and 66% of non-Latino Black adults have a higher risk of being diagnosed with diabetes than are those belonging to white communities.⁸ Compared to the general population, the risk of developing diabetes is twice as high for Asian Americans, Native Hawaiians, and Pacific Islanders.⁸ Heart disease is one of the leading causes of death in the U.S, accounting for 1 in 4 deaths.⁹ However, disparities exist with the prevalence of cardiovascular risk factors, hospitalization rates, and life expectancy - where the risks are higher for non-Hispanic black populations than for non-Hispanic white populations.⁹ These health-related issues have implications for practice for the dietetics profession as they can be prevented and/or managed through lifestyle modifications which can be achieved through Medical Nutrition Therapy (MNT) or nutritional counseling services provided by RDs.

By 2050, the US Census Bureau predicts that minority populations will outnumber the majority population.⁴⁰ With projections that the demographics of the nation are only going to become more diverse, a more diverse dietetic membership is paramount. The lack of healthcare workforce representation has led to a disconnect between health care providers and the diverse populations that they serve.¹¹ Cultural differences, such as that of race and ethnicity, between patients and providers have been reported to cause problems in patient-provider communication.⁴¹ These barriers to communication can result in patients feeling discouraged to share pertinent information necessary for diagnosis, which can inhibit the effectiveness of developed treatment plans, ultimately affecting the quality of care.^{39,42} Disparities in quality of care experienced by individuals belonging to racial and ethnic minority groups have contributed to health disparities.¹¹ However, it has been shown that increasing diversity of the workforce can address health disparities by improving "patient satisfaction, patient-clinician communication, and access to care" for culturally diverse communities.^{12,13,40} Research

demonstrates that when there is patient-clinician racial and/or ethnic concordance, the likelihood of shared “cultural beliefs, values and experiences in society” is increased which can result in more effective communication, comfortability, and overall quality of care.^{11,12,41} Therefore, increased diversity of the dietetic workforce enhances the likelihood that diverse practitioners would work within the “underserved communities to which they belong and ... provide care relative to patients’ cultural norms, values, belief systems, and behaviors” and develop and tailor effective prevention and treatment plans that meet their unique needs.^{34,39,43} A diverse health workforce is not only beneficial to those belonging to racial and ethnic minority communities but it may also be important for improving the ability of practitioners to address the quality of care and health care needs of the entire population.^{11,42}

Evidence in education has also demonstrated that increased diversity in the classroom is beneficial for students as the quality of education they receive is improved and they develop social and civic skills that improve their ability to empathize and have a racial, ethnic, and cultural understanding of diverse populations.^{42,44,45} The result of such interactions with diverse individuals during the training of health professions enhances their ability to more effectively serve minority communities and practice through a lens that has “broadened perspective of racial, ethnic, and cultural similarities and differences.”^{42,44} Overall, also increasing diversity in dietetics education may contribute to the ability of future and current practitioners in the profession to provide equitable and competent care for all populations.

Summary

While the Academy has expressed a clear dedication and demonstrated varying efforts towards the cause of diversity, the profession continues to be overwhelmingly monolithic. Their efforts to address the issue has not substantially impacted change and more research is necessary to explore and find inclusive solutions for all of the factors that serve as barriers to diversifying the field. Existing efforts to address dietetics have mostly involved increasing minority students’ exposure and knowledge of the field in hopes of attracting them to the profession. One way that this has been promoted is via the Building Our Future diversity mentoring toolkit. While this is an important tool that can be beneficial for providing support and addressing the issue of diversity within the field, it may not be as effective alone. Additionally, the approach within the toolkit has been in use for 17 years and is arguably outdated. Solutions for addressing the lack of diversity within the field must be multifaced to address the varying barriers of entry that may deter diverse individuals from pursuing dietetics as discussed above. Increased diversity in the field benefits students, nutrition professionals, patients, and the general public alike. With a diverse dietetics’ education and workforce: increased educational quality, increased competency levels of practitioners, increased patient quality of care, and increased health equity can be achieved. While these examples are not a comprehensive list of all of the reasons why diversity in the field is important, it does make a point as to why it is necessary for diversity to be achieved.

What can be done?

Whether you are a student, newly-credentialed RD, seasoned RD, dietetics educator, dietetics program director, or any other associated nutrition professional – there is something that each one can do to contribute to the diversification of the field. One thing that everyone can do is take a stance on diversity in the profession. Acknowledging that there is a lack of diversity in the field is an important first step as it increases the awareness of the issue and importance of it being addressed. Partnering with existing organizations such as Diversify Dietetics, a newly developed organization whose mission is “to increase diversity in the field of nutrition by empowering students and young professionals from underrepresented minority groups to join the next generation of nutrition experts,” can be one way to address and acknowledge the issue of diversity in the field.⁴⁶ Diversify Dietetics has been utilizing innovative approaches to “attract, encourage, and empower students and young professionals of color” within the field of nutrition and dietetics.⁴⁶ This organization has been filling the gaps to meet the needs not being met of underrepresented minority individuals who are prospective students, current dietetic students, or newly-credentialed dietitians via social media, diverse RD spotlight blog posts, a mentoring program, access to student/intern resources, and most recently - podcasts.⁴⁶ Additionally, the organization has resources for educators and professionals, provides educator diversity training, and has an advisory council that is comprised of several diverse nutrition and non-nutrition professionals.⁴⁶ Another thing that can be done is to increase one’s cultural competence. In addition to diversifying the field, increasing the cultural competency of future and current practitioners has been cited as another solution towards delivering effective nutrition services to an increasingly diverse population and addressing health disparities among racially and ethnically diverse individuals.^{47,48} This can be achieved by pursuing opportunities to become self-aware of one’s own culture.⁴⁷ Research has demonstrated that the more familiarity with “one’s own cultural norms, values, and attitudes the easier it is to grasp other cultures’ way of seeing and experiencing the world.”⁴⁷ Additionally, increased self-awareness of one’s culture allows “a willingness to confront [one’s] own attitudes, values, and biases that may influence the cultural learning process of other cultures negatively.”⁴⁷ It is also important to understand that culture is everchanging and is an ongoing process that cannot be mastered.^{6,47} Further ways to develop cultural competency include attending cultural competency and sensitivity training and workshops, accessing cultural competency resources from the Academy, and taking advantage of opportunities to interact with diverse individuals such as through the joining of Member Interest Groups (MIGs).^{32,49} Since educators and dietetic program directors serve as gatekeepers to the profession, there are several opportunities for them to contribute towards the diversification of the field. One example is for educators to adopt culturally responsive teaching.³⁵ This approach helps to “celebrate cultural, ethnic, and linguistic diversity” which supports the ability for “all students to achieve academically and socially” further influencing an educators’ ability to impact change in dietetics education.³⁵ Furthermore, evaluating one’s own biases can contribute to increased equity within the admissions process and ensuring that students have varying levels of support that include

academic, financial, and psychosocial domains, can contribute to efforts to diversify the profession.²² The importance of ensuring that the profession has a racially, ethnically, and culturally diverse membership is multifaceted and as such, requires a multifaceted approach. I believe this is best expressed by former Academy president, Judith Rodriguez who once stated: “The benefits of a more diverse membership are so obvious that this is a task we must all undertake together or we will fail together.”⁵⁰ As it is an issue that requires all hands on deck, we each have a responsibility to “dismantle barriers to underrepresented groups joining [the profession] and expanding diversity” within the field of dietetics.²²

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