

Nutrition and  
Dietetic Educators  
and Preceptors

 Academy of Nutrition  
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## Diversity and Inclusion in Dietetics: Educators as Allies and Advocates



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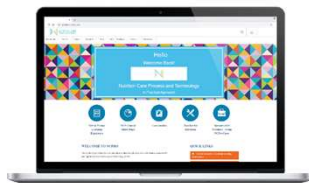
1

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2

## What we'll discuss today:

- Diversity and inclusion primer: Definitions and concepts
- The influence of institutional culture and systemic socio-political forces upon diversity in dietetics
- Commonalities and differences between diversity, inclusion, and cultural competency, and how they impact dietetics programs
- Resources and tools educators can use to foster diversity and inclusion in their programs

3

## Concepts Central to Diversity & Inclusion

4

## What is diversity?

- The presence of individuals who represent “the range of human differences, including but not limited to race, ethnicity, gender, gender identity, sexual orientation, age, social class, physical ability or attributes, religious or ethical value system, national origin, and political beliefs.”

Ferris State University, nd  
<https://www.ferris.edu/HTMLS/administration/president/DiversityOffice/Definitions.htm>

5

## What is inclusion?

- An *active process* in which voices and perspectives of diverse members are heard and respected
- Involvement and empowerment, where the inherent worth and dignity of all people are recognized

DeBiasse & Burt, Journal of Critical Dietetics, 2019  
Ferris State University, nd  
<https://www.ferris.edu/HTMLS/administration/president/DiversityOffice/Definitions.htm>

6

## Why do diversity and inclusion matter?

A diverse and inclusive profession:

- Creates an equitable professional culture where different voices and perspectives are heard and respected
- Facilitates better client and patient care by improving cultural competence among professionals
- Dismantles systemic oppression
- Shares power among persons who identify with the dominant and marginalized groups

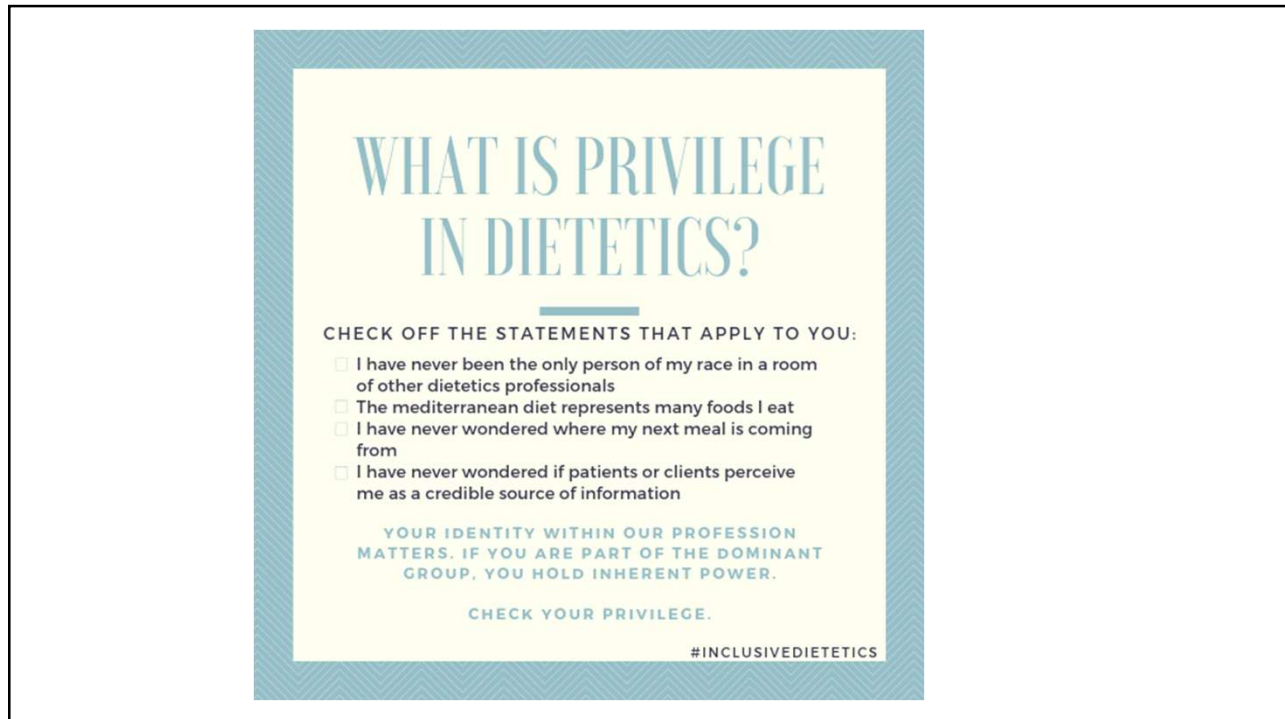
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## What is privilege?

- *Unearned* social power afforded by the formal and informal institutions of society to ALL members of a dominant group (e.g. white privilege, male privilege, etc.).

Colors of Resistance Archive, 2013

8



9

## Other key concepts

- Advocate - someone who supports an idea, need, or group in a shared space
- Ally - someone who makes the *commitment and effort* to recognize their privilege and work in solidarity with oppressed groups in the struggle for justice.
  - “Ally” vs “savior”
- Accomplice – someone who makes a *commitment and effort* to dismantle the structures, directed by stakeholders of the marginalized group(s) of interest

OpenSource Leadership Strategies, “The Dynamic System of Power, Privilege and Oppressions.” Center for Assessment and Policy Development.; Clemens, 2017; Penn State, n.d.

10



11

Allyship without authenticity = Performance

12

## Other key concepts

- Intersectionality – the interactive effects of various forms of discrimination and disempowerment. (e.g., Black women experience the effects of discrimination due to being Black *and* being female.)

Crenshaw in (Guobadia, 2018)

13

## How do institutional and systemic issues influence dietetics?

We will explore this with an example in each of the following areas:

1. Recruitment and retainment of students
2. Dietary guidelines

14

## Lens: Critical Race Theory

Relevant concepts of CRT:

1. Racism is engrained in our culture, making it look *normal* (White normativity).
2. White people have power. Disproportionate amounts of power. Basically, all of the power.
3. Interest convergence: persons in power will only allow shifts in discourse, policy, or practice (aka power) for self-serving reasons.

Delgado & Stefancic, 2013

15

Recruitment and retainment of students in dietetics

16



## Higher education in general

- Achievement gap vs. opportunity gap
- Choosing a major and profession
- Perception of racial climate in higher ed

17

## Dietetics profession

- History of the profession is rooted in racism
  - Segregated internships
  - Tracking people of color into certain aspects of dietetics rather than others (food service vs clinical)
  - Marginalization by the ADA (now AND)
  - Stereotyping by other health care providers
- Intersectionality

18

## Persistence in dietetics education and credentialing

- Objective: to identify factors related to persistence to become a Registered Dietitian Nutritionist (RDN) and determine if racial/ethnic differences exist on achievement and opportunity barriers to educational attainment in dietetics
- Hypothesis: opportunity gap factors, not achievement factors, are related to persistence in dietetics
- Sample: 1447 participants
- Methods:
  - Achievement gap factors: grit, academic confidence, mentoring, time management
  - Opportunity factors: racial climate, measure of poverty

19

## Persistence in dietetics education and credentialing: Results

- There was no difference between White participants and POC on the academic skill scales
- No difference between the main barriers they reported
- There were many differences between White participants and POC on opportunity-related questions
  - Worse perception of racial climate
  - Fewer connections to higher ed and the health profession
  - More likely to receive personal monetary aid
  - More likely to have a lower grade point average
  - More likely to fail to match with a dietetic internship or fail RDN exam

20

## Dietary Guidelines

21

### What's known about the Mediterranean Diet (MedDiet)

- MedDiet decreases the risk of cardiovascular disease, stroke, heart failure, cancer mortality, type 2 diabetes, overweight, and obesity
- The only regional/cultural diet promoted by the USDA/Health and Human Services
- Accepted as a gold standard “healthiest diet” by health and medical professionals worldwide
  
- ...so, is the MedDiet healthier than other regional or cultural diets?

22

## What's the REAL story behind the "Mediterranean Diet"?

### What we **don't** talk about

- MedDiet is a White diet
- There has been no comparison of the healthfulness of the MedDiet to other regional or cultural diets
- Inherent bias in health and medical studies which has affected research about the MedDiet
- Promoting the MedDiet perpetuates White normativity

23

## The illusion of inclusion

- Mediterranean region is multi-ethnic and multi racial
- MedDiet includes foods common to many cultures in the region
- Seven Countries Study (Ancel Keys) was done in mostly White countries with mostly White men
- Italian food became generalized as the MedDiet

24

## The reality of racism in the MedDiet

1. Any cultural diet other than one that is White would not be as readily accepted because it would represent a power shift to a subordinate group
2. There is a clear and documented negative perception, subjugation, and stereotyping of Middle Easterners and Africans (the regions bordering the Mediterranean)

25

## The methodologically problematic adoption of the MedDiet

1. The diets Keys studied, and the sample recruited were skewed toward Whites, limiting its generalizability
2. Lack of causal research and evidence indicating the MedDiet is healthier than non-White cultural diets is limited (at best)

26

...but is there evidence that other cultures may have equally healthy diets?

**YES**

27

Diversity, Inclusion & Cultural Competence:  
Different sides of the same coin?

28

“...being an antiracist requires persistent self-awareness, constant self-criticism, and regular self-examination.”

~Ibram X Kendi

29

What is diversity?

- “To be diverse, it is not enough to welcome membership without discrimination; it must be **comprised of members who represent the range of human differences.**”

DeBiasse & Burt, Critical Dietetics, 2019

30

## What is inclusion?

- “Equal representation within the Academy’s membership is not true inclusion. **Inclusion is an active process** in which voices and perspectives of diverse members are heard and respected.”

DeBiasse & Burt, Critical Dietetics, 2019

31

## What is cultural competence?

- A number of definitions exist, but some that resonate with me are:
- “...the level of **knowledge-based skills** required to provide effective clinical care to patients from a particular ethnic or racial group”
- “...**a developmental process** that evolves over an extended period.
- ...levels of awareness, knowledge and skills move across a **cultural competence continuum.**”

Denboba, 1993; Betancourt et al., 2002

32



## Multiple components of cultural competence

- Attitude
  - Awareness – being conscious of our personal reactions to people who are different
  - Knowledge
  - Skills
- Highly interconnected and interrelated. Attitude and awareness are essential to build knowledge and skills.

Vaughn, B <https://diversityofficermagazine.com/cultural-competence/cultural-competence-the-nuts-bolts-of-diversity-inclusion-2/>

33

## All four components are important

- Teaching skills without development of awareness and attitude is like putting an inexperienced driver behind the wheel of a car
- Similarly, one can have all the awareness and “right” attitude, but without the skills they may fail

34

## 5 stages of cultural competence development

- Conventional
- Defensive
- Ambivalent
- Integrative
- Inclusive



Lowest



Cultural competence increases as inclusion increases.

Highest

- Movement toward higher stages requires commitment, education, training, and practice

Katz & Miller, 2012

35

## Conventional

- Lacks awareness of bias towards people of other cultures
- Perceives own language and culture are superior
- Aversion toward cultural differences
- Cultural stereotypes and ethnocentric knowledge prevail
- Lacks intercultural skills

36

## Defensive

- Inequality is considered a natural result of differences in group abilities
- Some guarding behavior against acknowledging stereotypes in public
- Avoidance of contact to protect being labeled “prejudiced”
- Knowledge of cultures based upon cultural stereotypes
- Low cross-cultural skills, but willing to learn in order to prevent being labeled “prejudiced”

37

## Ambivalent

- Awareness that bias causes inequality, but does not view self/organization as biased
- A belief in equality, but fails to explore individual or hidden biases
- Intercultural skills are low
- Asks historically excluded group members a lot of questions about their differences to both learn more and to show sincerity in valuing equality
- Feels uncomfortable discussing own racial or cultural group

38

## Integrative

- Awareness of both personal and organizational biases that create inequality
- Integrates cultural awareness, attitudes and behaviors
- Considerable knowledge about various cultural differences and how culture influences behavior
- Difficulty accepting people who are not as far along in becoming inclusive as them selves
- Treats people as both individuals and members of a cultural group

39

## Inclusive

- Awareness of any remaining cultural and personal biases
- Demonstrates consistency between intercultural beliefs/values and behavior
- Considerable multicultural knowledge and consistently seeks more
- Prefers multicultural experiences and feels uncomfortable in monocultural settings
- Knows how to work with members of other groups in the organization and enjoys it
- Not afraid to make mistakes in learning about new cultures

40

## How do we as educators help to facilitate positive movement between stages?

- Conventional
  - Provide workshops on bias and information regarding different cultures
- Defensive
  - Organizations/programs can develop and communicate a strong case for promoting diversity
- Ambivalent
  - Strong diversity leadership and management of diversity practices
- Integrative
  - Invite those at this stage to develop diversity and inclusion initiatives in order to channel their energy toward change

41

How can we utilize current educational approaches?

42

## Teach practical skills to students/interns

- Include information about diversity as existing within groups as well as between groups
- Educate students that all members of a racial/ethnic group will not necessarily hold the same views, therefore they should:
  - *Listen* to client's/patient's perception of the problem
  - *Explain* one's own opinion
  - *Acknowledge* and discuss differences and similarities
  - *Recommend* treatments
  - *Negotiate* an agreement

Kripalani et al., 2006

43

## Use interactive education methods

- Standardized patients with feedback from patients and peers
- Role play
- Use narrative writing to allow students to reflect on their own values, beliefs and biases

44

## Provide direct faculty observation and feedback

- Use faculty members who have diversity, inclusion and cultural competence training
- Look for “teachable moments” in the interactions
- Videotaping with discussion

45

## Discuss diversity, inclusion and cultural competence throughout student education & training

- Don't just use isolated workshops
- Developing cultural competence requires **sustained** work to produce long-term behavior change

46

## Buy in and support from the “top”

- Ensure administrators/directors value and support cultural competence training, diversity and inclusion
- Have these leaders had diversity, inclusion and cultural competence training?

47

## Promote cultural diversity among students and faculty

- Organizations should have policies and practices in place to hire a diverse group of faculty/preceptors
- Work groups/admissions officers should have policies and practices in place to admit a diverse group of students
  - Holistic admissions processes/application review
  - Requirements around the use of standardized tests

48



## Develop a group of champions or an opinion leader

- Cultural competence will likely spread a la “diffusion of innovation” (early adopters → laggards)
- Leaders can help spread the word
- Invested group members can extend the reach

49

## Treat cultural competence as a “science”

- Have a plan/program outlined with metrics identified
- Evaluation of the program is important: Both process and outcomes
  - No reason why data are not publishable! Increased visibility of diversity and inclusion research will help “normalize” and validate this work

50

## Resources and tools to cultivate diversity and inclusion in dietetics programs

51

## Academy Diversity Strategic Plan



### Diversity Strategic Plan: Objectives and Strategies 2015-2020

**Vision:** The Academy of Nutrition and Dietetics membership will be comprised of richly diverse, culturally proficient nutrition and dietetics practitioners, functioning in an environment where respect, appreciation, equity and inclusion are core values.

**Mission:** Enhance the diversity of nutrition and dietetics providers so that they more closely resemble the communities they serve; providing all practitioners with vital tools to practice culturally proficient care.

**Definition:** The Academy values and respects the diverse viewpoints and individual differences of all people. The Academy's mission and vision are most effectively realized through the promotion of a diverse membership that reflects cultural, ethnic, gender, racial, religious, sexual orientation, socioeconomic, geographical, political, educational, experiential and philosophical characteristics of the public it services. The Academy actively identifies and offers opportunities to individuals with varied skills, talents, abilities, ideas, disabilities, backgrounds and practice expertise.

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52

## On line

- Diversity Toolkit: Cultural Competence for Educators  
<http://www.nea.org/tools/30402.htm>
- Cultural Competency Resources: Teaching to Increase Diversity and Equity in STEM (TIDES) <https://www.aacu.org/tides/cultural-competency>
- Cultural Competency for Nutritional Professionals  
<http://www.eatrightstore.org/~media/eatrightstore%20documents/books%20and%20publications/culturalcompetencysample.ashx>
- Teaching Tolerance <https://www.tolerance.org/>
- More...

53

## Strategies

- Mentoring programs which focus on improving diversity in dietetics for all stages of professional development
- Scholarships for students and interns
- Include discussions regarding diversity and inclusion in dietetics at national and regional meetings
- Expand demographic data collection to include all underrepresented group categories

54

## Strategies (cont.)

- Evoke “Prior Assessed Learning” (PAL) credit for comparable work experience in both didactic and supervised practice
- Allow interns to leverage their own social capital to set up distance rotations
- Share with others effective programs/solutions so all can build off “wins”

Gaba A. <https://www.cunyurbanfoodpolicy.org/news/2019/9/15/diversity-in-nutrition-and-dietetics-programs>

55

## In conclusion...

- We advocate for a paradigm shift in dietetics; diversity, inclusion and equity must be regular, sustained parts of both curricula and experiential practice, as well as given adequate space and time within Academy-sponsored/-aligned conferences
- Cultural competency is important, but it alone is not the answer to the inequity and lack of diversity/inclusion existent within our profession today
- Discuss with your programs your admissions requirements. Consider a holistic admissions process. Consider not requiring GREs for graduate program admissions.
- Advocate for the establishment of scholarships for students and interns from underrepresented groups within the Academy as a whole, and within your DPGs/MIGs
- Engage in scholarship to enhance the mission of improving diversity, inclusion and equity for all in professional dietetics

56



**RESEARCH PARTICIPANTS NEEDED**

**Are you an LGBT-identifying student, intern or practitioner of dietetics?**  
If so, you may be eligible to participate in our study to understand explicit bias and emotional/behavioral challenges faced by students, interns and practitioners of dietetics. Eligible participants will be asked to take part in phone interviews that will last approximately 30 minutes to help us identify both challenges and opportunities you may have experienced.

**BU Sargent College**

Recruitment is starting now!

If you are interested, please contact me using the information below

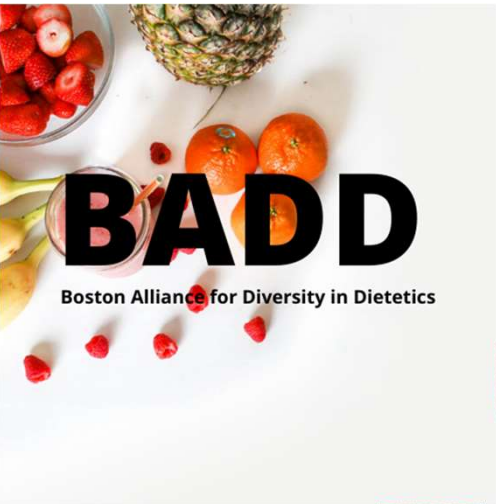
Interviews and information collected will be kept confidential!

Study results will be used to inform programs/policies to improve diversity and inclusion in dietetics

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57



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**#InclusiveDietetics**  
BECAUSE VARIETY IN OUR DIET ISN'T THE ONLY TYPE OF DIVERSITY THAT MATTERS

58

