



# A social media intervention for dietetics professionals to increase awareness about racial/ethnic diversity and inclusion in dietetics: Black voices centered

Michele A. “Shelly” DeBiasse, PhD, RDN, Zubaida Qamar, PhD, RDN and Kate G. Burt, PhD, RDN

## Abstract

*The Academy of Nutrition and Dietetics (the Academy) is a professional organization founded by and largely for white women. Black-identifying dietetics professionals currently make up only 2.6% of credentialed professionals, while Black-identifying residents comprise 13.4% of the US population. To understand participant opinions, beliefs, experiences, knowledge, and actions related to racial ethnic diversity and inclusion (REDI) in general and in dietetics specifically we conducted a 20-week intervention study, delivered over a social media platform (Facebook group). The content, developed prior to the intervention, was informed by the Trans-theoretical Model of Change and Critical Race Theory and was structured to provide educational content related to REDI. Participants completed baseline, and then a follow up survey after the 20-week intervention. Here we present baseline data from (n=30) Black-identifying participants of the main study. Participants were mostly young, female, Academy member RDNs with at least a Master’s degree. They voiced strong opinion that dietetics is neither diverse nor inclusive, and that the Academy should actively engage in efforts to enhance diversity in the profession. They believe that the Academy should focus on REDI and that it is important that white-identifying members engage in that work. Participants reported engaging in conversations and with media about race/privilege in their personal and professional lives, and that they had either experienced or witnessed microaggression while performing their jobs in dietetics. Results of this sub-study offer insight into the Black experience in dietetics as well as ways the Academy can improve diversity and inclusion within its organization and membership.*

## Introduction

Since its inception in 1917, the American Dietetic Association (then), now the Academy of Nutrition and Dietetics (the Academy), has been a professional organization founded by and largely for white women. Initiated in 1990, and updated bi-annually since 1991, the Academy’s membership database contains data from a survey of Academy membership designed to “capture current demographic, educational, professional, and employment characteristics of members” (Bryk & Kornblum Soto, 2001, p. 947). Data from a 1990 survey of members of the American Dietetic Association (active, technician, associate and retired) of which 44,994 useable forms were included (87.3% response

rate), indicate that only 3.7% of Academy membership identified as African American (Byrk & Kornblum 1993). In 1999 the last such report on the Academy membership database was published (Bryk & Kornblum Soto, 2001). For this survey 59,198 eligible members were surveyed with 45,741 usable surveys returned (77.3% response rate). Data presented show that Black-identifying RDNs comprised 2.4% and Black-identifying NDTRs 2.9% of the total membership surveyed. For RDNs, this represents a decrease of 1.3 percentage points over the 9 year period.

In effort to improve racial/ethnic diversity and inclusion (REDI) in the profession, in 1987 the Academy established the Affirmative Action Committee which was renamed

to the Diversity Committee in 1995 (Novotny, personal communication, October 14, 2020). In 2018, the Diversity Committee was renamed the Diversity and Inclusion Committee; the name of the committee today. In 2000 the Academy published a free Diversity Toolkit made available to members and educators and established a bi-annual \$10,000 Diversity & Inclusion Promotion Grant to members, both with the desired outcome of improving REDI within the Academy and, by extension, the profession (Warren 2017). Unfortunately, these efforts have not been successful, particularly as it relates to improving the number of Black-identifying dietitians within its ranks. Current statistics from the Commission on Dietetics Registration (CDR) (a more accurate data source than the Academy's as CDR statistics reflect credentialed professionals rather than members of the Academy; a subset of the whole) August 2020 show of the 93, 320 registered dietitian nutritionists, only 2,450 (2.6%) identify as Black (CDR 2020). No historical data is readily available from CDR, making comparisons over time difficult.

The lack of REDI in organizations in general and the dietetics profession specifically is problematic for three primary reasons. First, professional diversity better equips practitioners to provide inclusive, culturally humble resources because, as has been shown, individuals with different skills and experiences can problem solve more effectively (Tienda, 2013). Secondly, the omission of historically excluded groups from dietetics is not only immoral (e.g. unfair or unjust), it serves to perpetuate a culture of white privilege (Burt, in press). Finally, professional equity may reduce discrimination and combat bias (Sijo & Lawford-Smith 2019). In terms of the healthcare ramifications of lack of diversity, research has shown that provider-client concordance in terms of race/ethnicity improve patient compliance and patient healthcare outcomes (Douglas et al. 2018). Given that the racial/ethnic makeup of dietetics professionals does not reflect the extent of diversity in the US population (census data from 2019 show 13.4% of the US population identify as Black)(US Census data), it may be concluded that there are insufficient numbers of credentialed practitioners of color to provide care to communities of color seeking counseling on diet and nutrition. In addition, research has shown that experiences related to discrimination and frustration with institutional racism in the workplace may lead some healthcare professionals to leave the field (Nunez-Smith et al. 2009). When combined with the fact that communities of color are historically excluded from overall access to affordable,

quality healthcare (Institute of Medicine 2004), it may be surmised that the healthcare needs of a large swath of the nation's populous are not being met.

To engage dietetics professionals, students, and interns in discussion regarding the current status of and strategies to improve REDI in the dietetics profession we designed a 20-week education and awareness intervention delivered via a social media platform (Facebook) to a multi-racial/ethnic group of professionals, students and interns in dietetics. The aim of this intervention was to enhance knowledge, to foster discourse regarding the lack of REDI in dietetics and to identify ways that REDI can be improved in the profession. Research which has explored the use of social media to increase awareness and to provide education has shown that this mode of communication can be effective (McLean, S., Wilson, A., Lee, E. 2017). Our research questions for the main study were: What are the current opinions, beliefs, experiences and knowledge related to REDI among dietetics professionals, students and interns? Can an educational intervention informed by the Theoretical Model of Change and Critical Race Theory improve opinions, beliefs, experiences and knowledge related to REDI in dietetics? We hypothesized that the intervention would improve knowledge and change opinions, beliefs and experiences.

Here we present data from a sub-study of the main study (culling data exclusively from Black-identifying individuals) to answer the question: What are the current opinions, beliefs, and experiences related to REDI in dietetics among individuals who identify as Black. We believe that the results of our main study and this sub-study will be useful to guide REDI practices and programs both within the profession of dietetics as well as other professional organizations.

## Methods

We designed a 20-week education and awareness intervention delivered via a social media platform (Facebook). We created a Facebook group titled #InclusiveDietetics to which we posted content focused on REDI in general and in the dietetics profession specifically. The purpose of this Facebook group was to engage dietetics professionals, students, and interns of all race/ethnicities in discussion regarding REDI in the dietetics profession. Post content was created in advance of the 20-week intervention, and developed using both the Trans-theoretical Model of Change and Critical Race Theory as their foundation.

Using convenience and snowball sampling, we recruited and enrolled n=146 dietetics professionals, students, and interns for the main study who completed informed consent and a baseline questionnaire that included demographic and practice information as well as questions regarding participant opinions, beliefs, experiences and knowledge related to REDI in dietetics. For the purposes of this study we define opinion as a judgement based upon facts, and a belief as a conviction based upon cultural or personal faith, morality or values (Colorado State University 2020).

Following the 20-week intervention, all participants completed a follow up survey that included the same questions as the baseline survey. In addition to survey data, we collected data on responses to posts including emoji and text responses. For the sub-study presented here we include only data from the baseline questionnaire.

To center Black participant voices, we present here data from the n=30 participants who self-identified as African/African American, Afro-Caribbean or

Afro-Latinx. Demographic and survey data from this subset were analyzed descriptively for participant characteristics as well as participant responses to questions about their opinions, beliefs and experiences as well and actions related to REDI in general and in the dietetics profession specifically as obtained from the pre-intervention survey. The protocol was reviewed and approved by the Institutional Review Boards of Lehman College/City University of New York, Boston University and San Francisco State University.

## Results

A total of n=30 participants who identified as either African/African American or Afro-Caribbean or Afro-Latinx completed the pre-intervention survey. Demographic characteristics of the participants can be found in Table 1. Our participants were on average young, female, and residing in the Southern region of the US. Most were Master's degree prepared RDNs and members of the Academy. Participants worked on average four years and mainly in academia or a community setting.

*Table 1. Demographic characteristics of participants (n=30).*

Characteristic		
Age (mean, sd)		33.3 +/- 10
Gender (n, %)		
	Male	1 (3.3)
	Female	29 (96.7)
	Other	0
Race/Ethnicity (n, %)		
	African/African American	25 (83.3)
	Afro-Caribbean or Afro-Latinx	5 (16.7)
Geographic region of residence (n, %)		
	Northeast	8 (26.7)
	South	19 (63.3)
	Midwest	3 (10)
Sector in Dietetics (n, %)*		
	DPD Student	4 (13.3)
	Dietetic Intern	5 (16.7)
	CUP or FEM	2 (6.7)
	NDTR	0
	RDN	15 (50)
	Registration Eligible	1 (3.3)
	Employed	5 (16.7)
Academy of Nutrition and Dietetics member (n, %)		
	Yes, current	22 (73.3)
	No, never been	5 (16.7)
	No, considering	0
	No, used to be	3 (10.0)
	Not sure	0
Sector of work (n, %)		
	Academia	6 (20.0)
	Clinical inpatient	3 (10.0)
	Clinical outpatient	1 (3.3)

	Clinical long-term care	0
	Community	6 (20.0)
	Culinary/chef	0
	Food Service	0
	Food Corporation	2 (6.7)
	Health/Medical Corporation	0
	Media/Social Media/Spokesperson	2 (6.7)
	Non-profit Organization	0
	Private Practice	3 (10.0)
	Public Health	6 (20.0)
	Not currently employed	1 (3.3)
Years working in nutrition/dietetics (mean, sd)		4 +/- 5.04
Highest Academic Degree (n, %)		
	High School Diploma	0
	Technical/Vocational Degree	0
	Associates	0
	Bachelors	12 (40)
	Masters	14 (46.7)
	Professional or other terminal degree	4 (13.3)
Organization Membership* (n, %)		
	Academy of Nutrition and Dietetics	23 (23.3)
	Society for Nutrition Education and Behavior	0
	American Society of Nutrition	2 (6.7)
	American Public Health Association	2 (6.7)
Immigration status (n, %)		
	US born American citizen	26 (86.7)
	American citizen, born abroad	4 (13.3)
	1st generation immigrant	1 (3.3)
*Could select more than 1 option.		

A summary of survey responses designed to elicit participant opinions, beliefs and experiences regarding REDI in dietetics are presented in Table 2. Strongest opinions were recorded for statements regarding diversity and inclusion as issues the Academy should

focus on improving, and that white privilege is relevant to dietetics. Participants believed most strongly that diversity and inclusion are important and relevant to them and that the Academy needs improvement in managing diversity effectively.

*Table 2. Survey responses to statements eliciting participant opinions, beliefs and experiences regarding REDI in the profession of dietetics listed in order of strongest to mildest for agree and disagree (n=30)*

Question: Tell us how much you agree or disagree with the following statements (1=strongly disagree, 2=disagree, 3=somewhat disagree, 4=neither agree nor disagree, 5=somewhat agree, 6=agree, 7=strongly agree)	
<b>OPINIONS</b>	
<b>Agree responses</b>	<b>(mean, sd)</b>
Diversity and inclusion are issues that the Academy of Nutrition and Dietetics should focus on	6.70, 0.596
An equitable profession includes people of every race and ethnicity	6.53, 0.730
Diversity and inclusion are issues that White people within the Academy should be focused on	6.50, 0.777
Diversity and inclusion are issues that People of Color within the Academy should be focused on	5.97, 1.326
<b>Disagree responses</b>	<b>(mean, sd)</b>
White privilege is not relevant to dietetics	1.60, 1.221
Dietetics is a diverse profession	1.77, 1.357
People of color are treated as fairly as White people in dietetics	2.00, 1.462
The barriers that people of color experience obtaining dietetics education and credentialing are the same as the barriers that White people experience	2.07, 1.413
Dietetics is an inclusive profession	2.30, 1.557
Diversity is an issue in dietetics to about the same degree as other health professions	3.63, 2.266
<b>BELIEFS</b>	
<b>Agree responses</b>	<b>(mean, sd)</b>
Diversity and inclusion are important to me personally	6.87, 0.346
Diversity and inclusion are relevant to me personally	6.80, 0.484

<b>Disagree responses</b>	<b>(mean, sd)</b>
I believe the Academy manages diversity effectively	2.47, 1.613
The Academy of Nutrition and Dietetics fosters a sense of diversity and inclusion	3.10, 1.647
I trust the Academy to be fair to all members	3.30, 1.950
The culture of the Academy is accepting of people with different ideas	3.40, 1.793
I am valued as an individual by the Academy	3.50, 1.776
I believe that the Academy reflects a culture of civility	3.63, 1.956
In the Academy, my opinions matter	3.70, 1.784
The leadership of the Academy is committed to treating people respectfully	3.70, 2.037
<b>EXPERIENCES</b>	<b>(mean, sd)</b>
I engage in conversations about race and/or privilege in my personal life	6.50, 1.042
I engage in conversations about race and/or privilege in my professional life	5.60, 1.499
I have been the victim of discrimination, racism, or microaggression while performing my job(s) related to dietetics	5.10, 1.689
I have witnessed discrimination, racism, or microaggression while performing my job(s) related to dietetics	5.07, 1.799

Results from the survey related to participation in activities related to REDI in general are presented in Table 3. Most of our participants participated in activities related to REDI at the time of our survey, with

the most frequently cited activities being engaging with media/reports that provide information regarding issues related to race/ethnicity and conversations with close friends and family and colleagues about diversity issues.

*Table 3. Survey responses to statements eliciting responses related to participation in activities related to REDI in general (n=28)*

<b>Question: Which of the following activities do you currently or have you ever participated in? (1=currently participate in, 2=have participated in the past, 3=have never participated)</b>	<b>Currently participate in (n, %)</b>	<b>Have participated in the past (n, %)</b>	<b>Have never participated in (n, %)</b>
Follow diversity/social justice leaders on social media (e.g., Shaun King, Black Livers Matter, etc.)	18/64.3	4/14.3	6/21.4
Follow individuals who are not members of my racial/ethnic group who I am not personally/professionally connected to on social media	21/75.0	4/14.3	3/10.7
Participated in rallies or social events/activities around diversity	10/35.7	9/32.1	9/32.1
Participated in conferences or professional events/activities around diversity	17/60.7	4/14.3	7/25.0
Read or watched stories, articles about race/ethnicity related issues from news media sources	27/96.4	1/3.6	0/0
Read articles or reports about race/ethnicity related issues from organizations (non-profit, for profit)	26/92.9	2/1.1	0/0
Read articles or reports about race/ethnicity related issues from universities or in peer-reviewed journals	18/64.3	6/21.4	4/14.3
Participated in conversation with close friends or family about diversity issues	27/96.4	1/3.6	0/0
Participated in conversation with colleagues or in professional networks about diversity issues	23/82.1	4/14.3	1/3.6
Called out individuals who have communicated (verbally, in writing) in ways that did not respect racial/ethnic diversity and/or inclusion	10/35.7	8/28.6	10/35.7
Shared racial/ethnic diversity memes or posts on social media	16/57.1	6/21.4	6/21.4

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## Discussion

Our sample of Black-identifying dietetics professionals, interns and students hold strong opinion that dietetics is neither diverse nor inclusive and that this lack of diversity and inclusion is present at a level different from other healthcare professions. They believe that the Academy does not manage diversity effectively nor does it foster a sense of inclusion. Participants believe that the Academy should focus on REDI in dietetics, and that it is important that white people engage in this work.

There are certain evidence-based approaches that can be taken to enhance diversity and inclusion in the field of Dietetics. One way REDI can be improved in dietetics is through a thorough review and restructuring of its current Diversity & Inclusion (D&I) Committee. In its recent iteration, the Academy's D&I Committee, is charged with recommending "policies and strategies to enhance the recruitment, retention and inclusion of and leadership development for, individuals from underrepresented groups as identified by the Academy" (EatrightPro 2020). The Academy's D&I Committee does not include individuals who also hold leadership positions within the Academy; only liaisons to the Academy board. In their publication "A Guide to Achieving Diversity and Inclusion in the Workplace", Third Sector New England states diversity committee membership should reflect the "demographics and operational levels of the organization" (Third Sector New England 2020, p.3.). Unfortunately, this has not been the case for the Academy's D&I Committee. Additionally, that publication states that people of color should not be expected to speak for the group as a whole, alluding to power dynamics. Per Third Sector New England (2020), true inclusion requires shifts in power; a shift that is currently not evident in the Academy leadership's approach to their D&I Committee.

Additionally, to date, a review of the Academy's D&I Committee suggest that the group's membership has been comprised predominantly of people of color; there has been proportionately little, if any, white-identifying membership. Racial/ethnic makeup of the current D&I Committee is 91% non-white as best as can be determined from an internet search of committee members (EatrightPro 2020). In a recent post on Insight Into Diversity (Cullen 2015), Cullen affirms the need to have white people serve as diversity professionals. She further asserts "theoretically, we want allies to do the lion's share of educating people from privileged

groups because of the toll it takes on those from marginalized groups". Given this, we recommend that the Academy evaluate the racial/ethnic makeup of their D&I Committee and add more committee members from the white-identifying majority to ensure that white allies are available to engage with and educate Academy members of their privileged group.

In terms of experiences, our participants engaged in conversations with others about race and privilege in their personal and professional lives. Disturbingly, respondents on average agreed that they had experienced or witnessed micro-aggression while performing their jobs in dietetics. Unfortunately, directly experiencing and/or witnessing micro-aggression is not uncommon in healthcare professional's educational programs and professional life. In 2018, Osseo-Asare et al. published a qualitative study of Black, Hispanic and Native American physicians during their training and residency. The authors interviewed 27 participants, 70% of which identified as Black. The objective of the study was to characterize how Black, Hispanic and Native American resident physicians experience race/ethnicity in the workplace. Three themes emerged from their analysis, including descriptions of encountering a "daily barrage" of macroaggressions and bias. These types of violence have also been reported in dietetics. In a 2020 blog post for Food and Nutrition Magazine (a publication of the Academy of Nutrition and Dietetics), Stephanie Carter, MS, RDN, a Black dietitian, recounts encountering numerous instances of micro-aggression during her education and training to become a dietitian (Carter 2020). Additionally, in an article in Today's Dietitian (2020), Taub-Dix interviews three prominent African American RDs to discuss their experiences with inequality in dietetics. Within that article, the panel recount a number of instances where they have experienced micro-aggression. From these data, it is clear that violence in the form of micro-aggression is real within the workplace and dietetics. Although the Academy invites member reports about microaggression, bias, etc., it does not report on the frequency of these reports, nor does it make investigation of any reports transparent to its membership. We would invite the Academy to not only investigate but also report instances of microaggression and bias that it receives from their membership.

The majority of our respondents report they have read/watched articles/stories about racial/ethnic diversity and related issues from the news media as well as from

organizations. As proffered by Audre Lorde in her essay *Age, Race, Class, and Sex: Women Redefining Difference*, published in a collection of her work, *Sister Insider* (Lorde 1984 p. 114), in “order to survive, those of us for whom oppression is as american (sic) as apple pie have always had to be watchers, to become familiar with the language and manners of the oppressor...” (p. 114). Survival of oppressed groups may be predicated, in part, upon an understanding of the world around them. In this context, it is not surprising that our respondents indicate that they actively engage with information regarding racial/ethnic diversity from news and media sources. In short, this information is important to their survival.

Our Black-identifying participants expressed clearly that they believe they are under-valued as individuals and their opinions and experiences as a group are not considered by the Academy. In order to create and maintain a diverse and inclusive environment, the Academy must work to change this belief. Healthcare research has identified strategies for leadership to tackle evident and subtle racism in the field to improve the working climate for people of color (Snyder & Schwartz 2019). These strategies include having supportive policies on inclusivity and evaluation of recruiting practices to ensure healthcare professionals are representative of the communities they serve. We call on the Academy to seek membership for its leadership within the Black-identifying membership. To date, there has been only one Black-identified President of the Academy, and very few Black-identifying members on Academy Boards and/or as committee Chairs. It is incumbent upon the Academy to undertake a systemic analysis of its current practices, policies and programs to ensure that they are not biased and provide equal opportunity for all of its membership.

Results of our analyses offer insight on the experiences and opinions of Black-identifying Dietitians which lead to suggestions on how the Academy can improve diversity and inclusion within its organization and among its membership. A clear and sustained focus on REDI in the Academy as well as its education accreditation body the Accreditation Council on Education in Nutrition and Dietetics (ACEND) is needed, inclusive of appointment of the Chair of the Academy D&I Committee to Academy leadership. The Academy's D&I Committee should have power beyond recommending policies and strategies to enhance recruitment, retention and inclusion of individuals from historically excluded groups.

The D&I Committee should have the power to enact policies and strategies with the full support of Academy personnel and resources behind them. Finally, we suggest that the D&I Committee recruit and include a greater percentage of its membership from white-identifying dietetics professionals.

## Conclusion

Improving REDI in dietetics is essential in order to provide the best care to patients, clients and communities in need of nutrition services. We believe that the results of this research will provide useful insight to The Academy as well as other professional groups who seek to improve REDI among its members. Diversity goals for organizations should include ensuring the racial/ethnic characteristics of the organization reflect the racial/ethnic make-up of the population they serve.

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## Author bios

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

**Zubaida Qamar, PhD, RD** is an Assistant Professor of Nutrition and Dietetics at San Francisco State University. Dr. Qamar has several years of research experience investigating the behavioral aspects of nutrition, and cultural and socioeconomic determinants of health in various communities. Dr. Qamar is largely involved in the interdisciplinary basic needs efforts and investigation of novel strategies to improve food security among students. She is currently leading several projects towards understanding factors associated with food insecurity among students and designing innovative strategies to improve food security and food literacy through quantitative and qualitative feedback. Dr. Qamar received her B.S. in Dietetics from State university of New York (SUNY), College at Oneonta and her Ph.D. and M.S. in Nutrition from Texas A&M University.

**Kate Gardner Burt, PhD, RD** is an Assistant Professor at Lehman College and a registered dietitian and culinary nutritionist. She teaches courses in community and public health nutrition and cultural food and sustainability. Dr. Burt’s research broadly aims to reduce racial and ethnic inequities in community food systems in the Bronx and NYC as a whole. She does this by



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exploring strategies to strengthen efforts to grow food locally and improve community cohesion and social connectedness to build a more just food system. She also aims to reduce inequities in food systems by increasing opportunities for low-income people of color to excel in dietetics and food-focused careers. She takes a mixed methods, community-based approach to research and currently works with several New York City based non-profit organizations. Dr. Burt received her BS in film and television from Boston University and her MS in exercise physiology and nutrition, RD and PhD in food and nutrition policy from Teachers College, Columbia University.