



“Hearing the Voices”: African American Nutrition Educators Speak about Racism in Dietetics

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Every culture, based upon their environment and socio-political history, has developed its own traditions around food. Currently, within the healthcare community there is a view of a correct “diet” and body image reflecting cultural norms of the dominant white culture. While nutrition related chronic disease remains the number one health issue in communities of color, this cultural imposition upon the African American community has increased resistance to nutrition interventions (Kumanika, 2002). There is a need for African Americans to define healthy eating, fitness and body size within a historical cultural context (Kumanyika, 2002). Unfortunately, there is a lack of African American professionals, as well as representatives from other communities of color, informing the field of dietetics (Suarez & Shanklin, 2002). The Report of the ADA/Commission on Dietetic Registration (CDR) 2008 Needs Assessment indicated that the profession has remained ethnically homogeneous with only 2% of over 75,000 RD’s self-reporting as Black or African American and 3% Hispanic/Latino (Rogers, 2009).

Disparity in Healthcare Professionals

In March 2002, the Institute of Medicine (IOM) Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care published their findings (Nelson, 2003). This study reported that the quality of care in this country is generally lower for people perceived as coming from communities of ethnic minority. Racial and ethnic disparities have been associated with worse health outcomes (Betancourt, Mainia, and Soni, 2005). One of the recommendations of this Committee was an increase in the proportion of underrepresented minorities in the healthcare workforce.

Disparity in Dietetics

The American Dietetic Association (ADA), recently renamed the Academy of Nutrition and Dietetics (AND), is the credentialing organization for Registered Dietitians in the United States. Anyone may call himself or herself a nutritionist, but Registered Dietitians (RD) currently must have a bachelor’s degree, complete a required set of courses and compete in a national matching for entrance to a clinical internship (ADA, 2006). Upon completion of the internship, a standardized test, which has become

increasingly difficult (80% pass rate), is required to become registered with the ADA (Commission on Accreditation for Dietetics Education, 2009). Following this rigorous endeavor, the monetary compensation for dietitians is perceived as low in comparison to similar health professionals with comparative educational requirements (Jarratt & Mahaffie, 2007).

Twenty years after the initial development of an affirmative action plan by the ADA, there are still less than 4% of dietitians in the United States from the

African American Community and Dietetics is not currently a familiar career choice within communities of color (Suarez & Shanklin, 2002). While African Americans make up 7.8 % of total enrollment in undergraduate didactic programs in dietetics, only 4.8% are enrolled in internship and coordinated programs necessary for credentialing eligibility (Suarez & Shanklin). The competition for internship positions is becoming increasingly difficult with only 50% of all applicants securing spots in 2008 (Commission on Accreditation for Dietetics Education, 2009). For anyone who is marginalized by previous educational deficits, family responsibilities or the inability to relocate, admission into an internship has become almost impossible.

Critical Theoretical Framework

Critical pedagogy (Sleeter & Bernal, 2004) has been described as introducing several main concepts to the understanding of multicultural education. The first is voice, as introduced in Freire's notion of dialogical communication, which rejects the authoritarian imposition of knowledge (Freire, 1996). "Voice is rooted in experience that is examined for its interest, principles, values and historical remembrances" (Sleeter & Delgado Bernal, 2004, p. 242). This study attempted to give voice and tell the stories of African American nutrition educators in relation to their perception of racism and Dietetics.

Critical pedagogy analyzes social class, class and power, as well as corporate and global power. Within the classroom, critical pedagogy looks at how power is played out, including an analysis of race, language and literacy. Cervero (1991) wrote about the need to transform the production of knowledge to include the interests of the unrepresented. "This is seen as necessary because the dominant classes have controlled the social relations of the production of knowledge and have used this control to further their own interests." (Cervero, pg. 31). This study examined how the participants experienced racism in their own educational histories.

Critical Race Theory

Work in the area of Critical Race Theory (CRT) began in the 1970s with the early work of legal scholars Derrick Bell and Alan Freeman, both of whom were dissatisfied with the slow pace of racial reform in the United States (Delgado & Stefancic, 2001). CRT draws upon scholarship from feminism, social and political philosophy, postmodernism, cultural nationalism, and a variety of social movements (Ladson-Billings, 2004).

CRT includes a number of premises. First is the premise that racism is "ordinary, not aberrational" in American society (Delgado & Stefancic, 2001). Because racism is such an integral part of our society, it looks ordinary and natural to persons in the culture. Second, CRT uses storytelling to challenge racial oppression (Delgado & Stefancic, 2001). The storytelling is used to analyze the myths, presuppositions and majoritarian stories that make up the common culture about race. A third aspect of CRT is described as interest convergence. Interest convergence refers to the idea that those in power only allow advances by subordinated groups when it serves the self-interest of the empowered (Ladson-Billings, 2004).

During the past decade CRT has emerged as a theoretical and analytical framework for studying racism and education (DeCuir & Dixson, 2004). According to Solorzano and Yosso (2002), "CRT challenges white privilege, rejects notions of 'neutral' research or 'objective' researchers, and exposes deficit-informed research that silences and distorts epistemologies of people of color" (p. 26). A movement towards antiracist education has surfaced in the United States within critical multiculturalism which supports "explorations of race, class, and gender as sources of socially constructed differences and sites of power relations" (Manglitz, Johnson-Bailey and Cervero, 2005, pg. 1245).

Over the past 10 to 15 years, scholars and researchers have used CRT to examine and challenge ways that racism shapes schooling structures and practices (Solorzano & Yosso, 2002). CRT scholars have argued that desegregation and affirmative action have benefited whites more than African Americans. To this day, public schools remain segregated and unequal in resources. This is consistent with CRT's concept of interest convergence, maintaining privilege for those in domination. Harris (1995) argued that the way affirmative action was conceived and carried out in this country maintained whiteness as a property right and failed to remediate racial exploitation. She proposed that white women, and consequently their white husbands and children, have benefited the most from affirmative action programs. Currently Dietetics is a field of predominantly white women who have achieved higher education.

The need for new nutrition education models

In 2002 a group of African American scholars from ten universities and research centers formed the African American Collaborative Research Network (AACORN) in recognition of the need for special advocacy to support obesity research in communities of color (Kumanyika, 2005). They called for an increase in qualitative and community-based research that would be more sensitive to weight-related cultural and contextual variables:

An examination of 41 qualitative studies involving African-American women found that dietary practices were influenced by folkloric beliefs about the relationship between diet and obesity or diet and diseases such as hypertension and diabetes. Attention, without prejudice, to such beliefs can improve effectiveness of dietary interventions. Qualitative data

may also help to conceptualize intervention strategies that benefit from themes in African American culture. This may include several major philosophical themes that are shaped by the subcultures of Africa, the oppressive historical experience of slavery, and the interaction with European culture. (p. 2044)

These researchers called for a different way to view nutrition education intervention strategies that acknowledge, validate and incorporate the belief systems of the participants (Kumanyika, 2005). Ladson-Billings and Donnor (2000) discussed how CRT offers the researcher an opportunity to stand in a different relationship to the researched. They described how storytelling and counter storytelling can be utilized to understand reality from different perspectives. These redefinitions are needed to develop effective, culturally relevant community nutrition interventions and nutrition educators.

Health educators have documented the failure of nutrition education interventions in the African American community and the need to incorporate positive elements of cultural views and practices (Davis & Northington, 2000; Devine, Farrell and Hartman, 2005; Minkler, 2003; Price, 2001).

Purpose of the study

The problem that this study addressed was the lack of African American dietitians in the United States. There is a long history of African American women who have entered nutrition-related professions, such as home economics, food service management, and public health (Nerad, 1999). But less than 3% of Registered Dietitians come from the African American community (Suarez & Shanklin, 2002). The lack of African American dietitians has had an effect on students coming into the field as well as on how the African American community is informed about the connection between nutrition and related diseases.

Method

This study explored the impact of white dominance in the field of Dietetics. Nineteen African American women who practiced nutrition education in the African American community were interviewed. Each of the women in the study identified herself as African American and had worked in the African American community presenting nutrition information to African American people for a minimum of two years.

Participants

A purposive sampling of participants was identified initially via the researcher's professional contacts (Merriam, 2002). Maxwell (2005) described a purposive sampling as "a strategy in which particular settings, persons or activities are selected deliberately in order to provide information that can't be gotten as well from other choices" (p. 88). Additional women were referred by participants who had been active in the Illinois African American Dietetic Association. This is consistent with Snowball Sampling, where selected participants are asked to identify other like individuals until there are enough participants to understand a phenomenon (Harris, Gleason, Sheehan, Boushey, Beto and Bruemmer, 2009).

Data Collection

The data collection method was face-to-face interviews. The interview questions were unstructured and open-ended. The interviews were guided by the following research questions:

1. What were the stories of African American women regarding their own educational experiences, particularly concerning racism?
2. What was their perspective on their practice as nutrition educators with regards to the health needs of the African American Community?
3. What was their perspective on Dietitians, the field of Dietetics and the American Dietetic Association with regard to nutrition education within the African American community?
4. How might these voices contribute to changes within the professional education of Dietitians to make the field more inclusive, representative and effective?

Data was audio taped and transcribed by the researcher. Participants were given the opportunity to read the transcripts and make any additions, deletions, or comments.

Data Analysis

The data was analyzed using qualitative content analysis as defined by Hsieh and Shannon (2005). Transcribed interviews were coded utilizing NVivo software (QSR International, version 2.0.163, 1999-2002, Victoria, Australia). Sentences and phrases were labeled by an open coding process. The codes were grouped according to their potential to provide themes in relation to the research questions (Strauss & Corbin, 1990). This

is consistent with an inductive category development where definitions for each grouped codes are developed for reporting the findings (Hsieh & Shannon, 2005). In reporting, exemplars for each category were identified from the data (Hsieh & Shannon).

The goal of this analysis was to search for themes and patterns in the women's stories that seem to portray a picture (Shank, 2002). Feedback from informants was also used to validate the existence of themes. Triangulation (Pope & Mays, 1995) utilizing discussions from the literature, feedback from professional conference presentation, and peer discussions were also solicited for verification.

Findings

Participants as African American Nutrition Students

The participants described a number of issues that affected their access to school and careers. These included segregation, their economic situation and family history. One of the older participants discussed her experiences with segregation and education in the 1950's.

I go to apply at (two hospitals) here in Chicago. They said "we'd be glad to have you. Send your application and send your picture". When I send my picture, well I'm Black. Each one of them said, "Oh, you have to do your internship at Freedmen's Hospital in Washington D.C., all Black". I said, "my, my, my. I'm in the North and I'm getting segregation. I had it in the South, I expected it". So I applied to Freedmen for my internship. (Eve, retired Administrative RD)

A number of participants discussed the difficulties of being first generation in their family to go to college, particularly regarding financial aid information.

My mother couldn't afford it at the time. I was basically on my own as far as picking colleges. I wasn't knowledgeable about filling out college applications and my mother wasn't either. I tried to get help but I couldn't get any. I was in a family with no knowledge of it. (Chris, DTR, BA Finance, currently working on verification to become RD eligible)

CRT argues that white dominant culture in education maintains and sustains exclusion and privilege, even while purporting integration or multiculturalism (Jennings & Lynn, 2000). Black students often come to the university in the role of intruders—who have been granted special permission to be there (Solorzano & Yosso, 2002).

There were no Black people in Nutrition and no Black bench scientists; there were no Black people in my classes. People wouldn't pick me to be their lab partner. I was basically socially isolated in my classes. Your self identity is in that. In the Black world I was very popular. All of a sudden ...I am an 18 year old in college away from home and all of a sudden nobody likes me. (Ora PhD Nutrition, Community Researcher)

The women in this study felt they were held to a higher standard of qualification than other students. Eve put it this way "You have got to have more credentials than the others in order to prove yourself and for them to decide that you're qualified. You got to be overqualified". Women told of a number of incidences where they had to prove papers had been written, assignments met, pre-qualifications to courses documented, above and beyond their white counterparts. Debra found out that white students in her program were given options to test out of courses required for program completion while African American students were never given that opportunity.

Each woman described support systems which helped them to sustain their educational pursuits, including family and friends, educators and supervisors.

It's challenging because I am a single mother... balancing going to work and going to school, that was challenging, tiresome and takes a lot of energy and focus and support group and people to talk to you. Me...I had to have a support group through family, friends and some of the students. (Ruth, GED, former DT student, Peer Educator)

The motivation to get into the nutrition field expressed by the women included positive experiences with food in their background, an interest in health and science, or career advancement. Chris, DTR, stated, "I am from the community so I want people to get the services that they need. To me that is what community means". Rose, a 62 year old Dietetic Intern was motivated to become a dietitian by the needs of diabetic patients she saw while working in an endocrinologist's office. "White dietitians had no understanding of our seniors, or their economic situation, nor how we ate."

Participants as African American Nutrition Educators

Participants talked about the importance they felt of clients being able to identify with the nutrition educator. Ann, MPH, former WIC nutritionist described her perspective of clients' attitude "You look like someone I know, you look like my sister, you look like my cousin. I can sit and talk with you. I can tell you the truth".

“See it, feel it, touch it, eat it and understand how it relates to the larger world” is how Lynn, BA, LD Nutritionist with a community program characterized her perspective.

The teenage groups, the girls...They really look at me...not at like the teacher, but as a friend...because when I go in there I let them know that I graduated with a GED and let them know the example of getting your education. First I let them know who I am...and how I got to be where I am at. I notice with them I have to get them involved...I can't just be the one talking about it. If I'm gonna make fruit salad... we all got knives and we're all peeling fruit and talking as a family about the different fruits and vitamins and minerals. They like to be fed too, because a lot of times they come up in there and they have not had breakfast. So it's hands on with them also...you have to show them...that's why I always take different things to show them. (Ruth, Peer Educator)

CRT has the perspective that communities of color are places with multiple strengths in contrast to deficit scholars who place value judgments on communities who do not have access to white, middle or upper class resources (Solarzano and Yosso, 2002). Using understandable language and relating directly to people was commented on many times. “You can walk in and talk all this high fallutin’ stuff, but what does it mean really? If you can’t get what it means really down to their understanding, then you haven’t talked” stated Lucy, DTR, with an MS in Education, who taught culinary programs for homeless women, ex-prisoners and urban high school students.

Women gave many examples of using cooking and eating, games and interacting experientially as the most effective method for teaching in a community setting.

Food deserts (Gallagher, 2006) and the lack of access to healthy foods in the community were raised.

When you are trying to help someone and teach them that kind of stuff that they know they can't afford in the first place, they just shut the door on you...and you're just talking but it's not going any place, because they already know they can't afford this. (Betty, RD)

An additional concern was that foods provided by the supplemental government food programs were not healthy. “The other thing I have seen with the community programs is the food we are actually providing people is not good.” stated Debra, RD, WIC nutrition education coordinator.

Participants as African Americans in the Profession

Four themes emerged in the interviews of women regarding their perception of African Americans in the profession of Dietetics. The first theme centered on the obstacles to becoming a Registered Dietitian. The second theme discussed the women’s reported relationships to the American Dietetic Association. The third theme reflected an alternative network that developed through the Illinois African American Dietetic Association. Fourth, the women gave examples of how they had experienced racism on their jobs.

The women commented that Dietetics as a field is not known about in the African American community. The study participants gave examples how often African Americans interested in careers in nutrition are tracked into food service management, rather than clinical dietetics.

My advisor said ‘Do you really want to go into Dietetics because it is really, really hard?’ And I said, ‘Yes, I’m sure I want to do this’. She said, ‘Do you want to maybe consider hotel and restaurant management which is also in our department?’ I said, ‘No, I don’t want to be a hotel or restaurant manager. I want to be a dietitian’. (Cathy, RD)

Women discussed strategic and expensive educational errors they made while trying to access the process to become RD’s. They expressed the perception that “you have to know somebody to get in”. Debra, who was already the director of a food service department in a hospital, but wanted to get her RD, said “I applied to several internships. I was having issues there because I am a single woman, gainfully employed. I work every day in the field of nutrition; I supervise dietitians...why do I have to quit my job to do an internship? I refused to do it.”

Several described the disappointment of the lack of financial benefits of becoming a dietitian after all the sacrifice.

So it was really, really, rough and it's very disappointing to have to go through all that and still not get paid the amount you should get paid to have all this education. I have about the same amount of student loans if I had went ahead and become a doctor. Close to \$100,000 dollars! (Cathy, RD)

The general perception of the American Dietetic Association expressed by the participants in study was one of marginalization. Lucy, MSRD, a state nutrition administrative coordinator and leader in several

organizations stated “historically I feel like African Americans have not been able to make the connections, have not felt the connections in ADA”. They described a perceived hierarchy in Dietetics, which puts people who work in food service at the bottom and nutrition scientists at the top.

I noticed right off that food service people are completely marginalized. Food service people, community nutritionist, clinical dietetics, nutritional biochemistry... So early on I peeped that structure. So where do Black people go, food service. Where do they only allow Black people in... Food service, then community. WIC, you know, not dietitians, but people who could do community nutrition without an RD. (Ora, PhD, Community Nutrition Researcher)

Critical Race scholars take the position that the margins can be viewed as both sites of oppression and sites of resistance, empowerment and transformation (Solorzano & Villalpando, 1998). Finding themselves ignored and on the fringes of the American Dietetic Association, several women in this study participated in founding an organization that gave them an alternative “voice” in the profession The Illinois African American Dietetic Association. The organization drew in not only Registered Dietitians, but was open to all African Americans working in Nutrition. This association was looking to elevate its members and the profession, to be of service to the community and a model for other young people who were entering the field.

CRT talks about how racism so permeates society in the United States that it looks ordinary and natural and is, in fact, considered normal (Ladson-Billings, 2004). The women described racial incidents that happened to them.

There had not been a Black dietitian on that floor as a teaching dietitian before. When it was announced, the doctors were all like, “What!” Oh they tried me. They would come into the office...I had a white intern of course, and my desk was at the front of the room...and the intern was at the back....and the doctor would walk straight past me to her to ask their questions. And she would have to send them back to me. And then they come back with this little silly grin on their face. (Betty, RD)

Some talked about disparity in salary.

Sometimes I accidentally will become privileged to somebody else’s salary and I’ll ask about it. Because for every job evaluation I have ever had it’s always

been excellent. One time I questioned my supervisor about my compensation with the current company and they were forced to give me 7% increase at one time, maybe 8%, to compensate me for what was lacking. (Pam, Dialysis RD) Community

Needed Changes Expressed to increase diversity for the Field of Dietetics

Changes that were suggested by the participants centered on four themes including; accessing the educational process, the need for a multicultural curriculum, mentoring, and salaries.

The women spoke of the need for more exposure of the profession in high school career programs to familiarize and recruit students of color to the field. They raised the need for nontraditional routes for students to return to school.

The women commented on the need for all dietetic students to be exposed to cultures and develop sensitivity.

Because food is very important, it is very private. It’s special to people, especially those who are in need, who don’t have a whole lot. Many dietitians can’t understand the importance of food if you don’t have a lot. Like “why, if you are so poor or you are having health crisis or stress in your life, why are you turning to food. It’s going to make it worse”. I think if you can understand why they turn to food, you can deal with it better. (Lynn, LD, Nutritionist Community Program)

The women talked about their views of themselves as mentors.

It has also become my desire to reach back to find other Black girls, or girls of color who have an interest in science to let them know this is a profession of diversity. It is not just your skinny, white, blond, celery eating profession, looking to marry a doctor, type of profession. I can influence the dietetic profession in a manner that really can put a light on this profession. Also just given this epidemic with childhood and adult obesity I want to give this care, I want to represent this profession. (Chris, DTR, BS Student)

A low salary in comparison to the sacrifice of so much schooling has been identified as an obstacle for people of color to come into the field.

I think that people encourage their children to go after jobs that pay a lot of money, doctor or lawyer, if you have the skills. People gear their children towards careers they know about. But if they feel like “I am

going to take out all these loans and it doesn't pay well", why would you? (Cass, BA Home Economics, MS Education, Culinary Arts Coordinator for Public School)

Counterstory

This study tried to capture the perspective of nineteen African American women's views and lived experiences regarding racism in Dietetics. CRT utilizes the method of telling counterstories as a way to challenge the validity of the majoritarian story (Yosso, 2006). The following story gives an example how some of the themes described in the study affected one woman's career. Yosso described four functions of counterstories, which I will attempt to address to discuss the implications of Rose's story.

Rose's Story

Rose is over 60 years old. She was a phlebotomist at the county hospital for 25 years, mainly on the psychiatric unit. When she was young she wanted to be nurse but was overweight so could not meet the admissions policies at that time. She has had her own struggle with food and weight all of her life. When she lost her son to AIDS she became a peer educator for a family advocacy organization that she developed. She provided AIDS education throughout the city and became known in health education networks. Working in an endocrinologist's office, she became interested in nutrition and diabetes. She found herself trying to translate to elderly African American clients the information they could not understand from the white diabetes educators.

She enrolled in a Dietetic Technology (two- year Associates Degree) program which was closed during her final year. She successfully led a campaign demanding the community college allow students to complete their coursework and receive their associate degrees. She began working part time in a psychiatric hospital as a diet technician doing nutrition assessment and education with patients in treatment for substance abuse. The hospital also had a special program serving the needs of gay clients. Clients in this facility also suffered from nutrition related chronic diseases, such as diabetes, hypertension, and heart disease. Many psychiatric patients have eating disorders or nutrition-related side effects of their medication.

Rose then was admitted to a bachelor's degree program in Dietetics and started school full time. She sought tutors for every science class, went to the writing lab for every

paper, and math lab to pass Algebra. Her car quit during this time, so she was on public transportation, traveling from the far north side of the city to the near west suburbs, over 40 miles a day. She lost her apartment and almost became homeless. She said she only ate because they fed her for free at the hospital where she worked. She could not afford health insurance.

She got a second part-time job as a diet tech at a hospital. She replaced a white dietitian who left when her car was hijacked in the hospital parking lot her first day of work. An African American dietitian served as Rose's mentor, supervised and signed off on her work. Rose had to repeat an anatomy/physiology course and graduated with her BS. But she still could not apply for the official national matching for dietetic internship because her grade point average would not allow her to compete successfully. (There is a shortage of internships. In 2008, 4000 students applied for 2000 internship slots).

Counterstories Can Build Community Among those at the Margins

Yosso (2006) stated, "Counterstory can open new windows into the realities of those 'faces at the bottom of society's well' and address society's margins as places of possibility and resistance" (p. 14). Rose functioned as a dietitian and nutrition educator for some of the most oppressed segments of society; drug addicts with AIDS and chronic disease, the mentally ill, many of whom bordered on homelessness and bare subsistence. She understood their limited access to food, what realistic changes were, and what expectations she could have of them. She advocated for them in the hospital, pushing the Food Service Department to meet their special needs and requests. She created a personal relationship with the medical staff and was respected by the doctor and nurses. Patients and staff alike knew she was "no-nonsense" regarding her motives about patients. She had the role of a dietitian, but did not receive the pay, the recognition or the benefits. She did not meet the ADA's profile or requirements of a dietitian. Yet her work was invaluable to the community she served and she claimed her profession; "I am going to be a dietitian," she told people. She was a dietitian in a place where few will serve. Five consulting dietitians came and went while she remained.

Counterstories Can Challenge the Perceived Wisdom of Those at Society's Center

"As they expose the white privilege upheld in majoritarian storytelling, counter narratives provide a

context to understand and transform established belief systems” (Yosso, 2006, p. 15). The failure of dietitians in the United States to address the crisis and prevention of nutrition-related diseases, particularly in communities of color, calls for a transformation of education and practice in the Field. Increased entrance requirements and cost of education have contributed to the gate keeping apparatus. Rose had holes in her education dating back to an inner city segregated grammar school. She was not familiar with science and math courses. Her grammar was not traditional for academic writing. The time, effort, self-discipline and commitment required from her to pass her courses was double that of many of her younger white counterparts. She already demonstrated an ability to function as a dietitian. Yet she was denied entrance to the profession by normal standards.

Counterstories Can Nurture Community Cultural Wealth, Memory and Resistance

“Counterstories shatter oppressive silences created through the omission and distortion of Outsider histories” (Yosso, 2006, p.15). The oppressive distortion is that people like Rose cannot be dietitians, that her educational deficits are her own fault, that she does not meet the young, white, tall, slender, overeducated profile of a dietitian. But those who meet the profile are not effective practitioners in communities of color. It is a myth that people of color do not want to eat “healthy”. They do not have equal access to healthcare or food choices. People are not poor by choice, but institutional racism systematically has denied African Americans equal access to education, housing and jobs. Professions have excluded people of color, and when they are included, their leadership and cultural contributions are not valued (Jeris & McDowell, 2003). To be a “part of” one has to assimilate to a dominant white culture (Alfred, 2001). Eating patterns that historically came from living in rural areas with access to a balance of fresh vegetables, fruits, beans, meat and dairy are characterized as backward. Instead, communities of color are the object of the fast food industry and the “food desert” phenomenon, where chain grocery stores have abandoned the Black communities (Gallagher, 2006). Meanwhile, the majoritarian culture represented in the media has placed a value on thinness that equates success with underweight and has nothing to do with standards of beauty and body image of women from communities of color (Kumanyika, 2002). The diet and food industry prey upon the people.

Counterstories Can Facilitate Transformation in Education

How could the counterstory of Rose and the other participants in this study contribute to a transformation of the field of Dietetics? In her model of interculturalization proposed to increase diversity in the professions, Kachingwe (2000) has included three components. One is multiculturalism, which includes value and education about differences. The women in this study raised the need to teach dietitians about different food practices in a global world; where soon white will not be the majoritarian culture in the US. This needs to be incorporated throughout curriculum.

The second component is diversity of the people themselves (Kachingwe, 2000). The educational obstacles must be addressed. This includes access to internships, seamless programs and financial support. Educational requirements need to be assessed from the perspective of practitioners who work in communities the most in need of services. Currently, the perspective comes from the healthcare industry and how to position dietitians to compete with other health practitioners for the “healthcare dollars.” This is not a holistic approach to healthcare that includes the social, community, family perspective of what is needed for a person to enjoy health and quality of life.

Conclusions

Since this initial study and interview with Rose, she was admitted to a new demonstration program in a joint RD/MBA Healthcare Program under the direction of this author. She continued to struggle with financial, social and academic racial disparities. She faltered, had to repeat courses and work full time while her peers were supported by their parents and had access to financial support she did not. But she finished and graduated. She challenged the faculty and every student support department in the University to meet her needs. She is a challenge to the status quo because she comes with the historical legacy of oppression, exclusion and educational discrimination. This is what it means to address diversity in education.

The final component of Kachingwe’s model is conviction (2000). There must be those who are committed to champion changing the system, which is inherently developed to sustain privilege and exclusion. This study informed the application to the American Dietetic Association, now the Academy for Nutrition and

Dietetics, for an internship in the Chicago area devoted to “Cultural Diversity and Dietetics” with a mission of prioritizing the inclusion of students traditionally excluded from access to the internship process.

It is up to those of us who have already crossed over to reach back and make a way. The alternative is to replace those who insist upon maintaining the status quo with a new, more representative leadership.

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