



## Dietitians in Chicago: The Stories and the Challenges

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This research article accompanies a digital narrative to view here: <https://www.youtube.com/watch?v=7bTwbwerj4A&t=852s>

### Abstract

*The purpose of this digital story is to artistically share experiences of dietitians in Chicago and generate discussion of solutions for delivering nutrition care in low-income neighborhoods. Population includes four Registered Dietitians (RDs), practicing in the city of Chicago for >=5 years. All female. Dietitians were contacted via phone or email. Dietitian interviews were recorded using a microphone connected to a password protected MacBook. Responses were edited for quality purposes in the program "Logic." The finished product was edited on iMovie. Images and video were obtained from a Google image search with criteria including "labeled for reuse." "Bindi" believes the minimum wage in Chicago should be raised, therefore poverty would be reduced and Chicago clients would be able to prioritize their health. "Ana" believes a Spanish course added to dietetic student curriculum would involve students in the Chicago community. "Maria" noted the concern dietitians have working in unsafe neighborhoods in Chicago, but this should not prevent dietitians from helping people in need. "Suzanna" recommends networking with other Chicago dietitians to improve professional development. At the 2016 Sixth Annual Critical Dietetics conference, attendees praised the film and reported experiencing similar challenges while working with clients living in poverty and uncertainty around ways to deliver nutrition care. At the Diversity and Sustainability Conference at Dominican University 2016 in River Forest Illinois, 98% of attendees reported the digital story was engaging and 98% claimed the information provided was relevant and useful. In conclusion, the digital story effectively shared experiences of dietitians working with socioeconomically disadvantaged neighborhoods by creating dialogue about challenges and opportunities for improvement for dietitians in professional settings.*

### Introduction

The purpose of this digital story is to examine the current state of dietetics in Chicago and to share first hand experiences of dietitians working in low-income neighborhoods. Chicago, Illinois is a city of 2.7 million people living in neighborhoods with limited access to healthy food (USDA, 2017), over 800,000 individuals living in poverty (Social Impact, 2017) and regular exposure to gun violence (Amnesty International, 2014). These socioeconomically disadvantaged neighborhoods in Chicago face higher rates of nutrition-related health problems including diabetes, obesity and high blood pressure (Boisseau, 2016). These neighborhoods are

challenging to work in as a dietitian because residents have limited-to-no access to healthy food, have a variety of cultures with specific food traditions, and can be physically unsafe to enter due to gun violence and gang related activity. Therefore, the purpose of this digital story is to explore stories of dietitians working in socioeconomically disadvantaged areas of Chicago and to examine how other dietitians relate to these stories.

### Population

Four Registered Dietitians (RDs) who have practiced in the city of Chicago for greater than or equal to five years were interviewed for the digital story. A total of sixteen dietitians were contacted through personal connection;

four responded “yes” and replied with a time and date they would be available for an interview. All RD’s are female. Two dietitians practice primarily in community nutrition, one practices as a dietitian in the Chicago Department of Human Services, and the last works as a renal dietitian in a clinical setting. Two of the four came to the United States from other countries to pursue dietetics. Every dietitian has been exposed to clients from low-income, culturally diverse neighborhoods, either in their training or practice.

## Materials and methods

Thirteen questions were emailed to the participating dietitians one week before their interview, giving each dietitian time to prepare responses. Every interview was approximately 10 – 15 minutes long. On the day of the interview each dietitian signed a consent form which declared they had the right to refuse to answer any questions, stop the interview, and withdraw at any time without penalty. Quiet office space in each dietitian’s place of work was utilized for recording purposes. Dietitian responses were recorded using a microphone connected to a password-protected MacBook. All audio was gathered and edited for quality purposes in the audio design program “Logic.” Audio was transferred to a password-protected MacBook desktop for editing on iMovie. Images and video used in the digital story were obtained from a Google image search with criteria including “labeled for reuse.” All images and movies are royalty-free and do not contain copyrights. The final movie was presented on September 6th 2016 at the Sixth Annual Critical Dietetics conference in Granada Spain and for dietetics students at Dominican University on November 11th, 2016 in River Forest, Illinois.

## Results

The first dietitian, Bindi, found it difficult to establish credibility among clients who felt their nutrition knowledge was “better” than was hers in a clinical setting. Bindi reported it challenging to work with refugees in Chicago who indulge in American fast food restaurants too quickly and who experience negative health consequences as a result. Bindi reported difficulty working with low-income clients receiving care from the government organization Women Infants and Children (WIC) who have money for food but do not prioritize healthier options while shopping. Bindi believes many of these problems would be solved if the minimum wage in Chicago was raised; she believes that poverty

would be reduced and individuals would then be able to prioritize their health. The second dietitian, Ana, noted the challenge of being a dietitian in a low-income south side Chicago community, primarily made up of African American residents. Ana claimed the residents seemed disinterested in receiving fresh fruits and vegetables, despite the efforts of charitable organizations to bring healthy food into that neighborhood which is considered a “food desert”<sup>1</sup>. Ana reported it challenging to be a teacher in a primarily Spanish-speaking hospital, when most of her interns do not speak Spanish or have the time to learn. She believes a solution to reaching socioeconomically disadvantaged residents in Chicago communities would be to include Spanish courses into dietetic student curriculum. The third dietitian “Maria,” found it challenging to work and study to be a dietitian in Chicago while coming from another country. She noted the accomplishment she felt as a dietitian working with HIV/AIDS patients in Chicago when they took the importance of nutrition seriously, despite AIDS-related complications. Maria commented on the hesitance dietitians experience working in neighborhoods with high crime rates and gun-or gang-related deaths in Chicago. However, she said this should not prevent dietitians from helping people in need. The final dietitian, Suzanna, noted the challenge of working in a clinical setting with medically and socially diverse populations, who are unaware of the changes healthy eating and nutrition may bring to their daily lives or who are unable to act upon it. Suzanna recommends networking with other dietitians in Chicago to improve professional development and to generate ideas on ways to communicate the importance of nutrition to patients. Every dietitian interviewed shared first-hand challenges of working with low-income populations in Chicago that do not (or cannot) prioritize healthy eating. At the Sixth Annual Critical Dietetics Conference in Granada Spain, all attendees reported experiencing similar challenges in their practice and reported the need to connect with other dietitians experiencing similar problems. Finally, at the 2016 Sustainability and Diversity Conference in River Forest, Illinois, the digital story was shared with 235 dietetic interns from the Chicago area. Of these 235, 126 (54%) provided feedback of the digital story and ideas for improvement. Of the 126 articles of feedback the following results were recorded. 97% reported the content was stimulating and 98% claimed the information provided was relevant and useful. Comments regarding the digital story from interns included, “I liked hearing

about the different areas of dietetics in this city and how one can effect positive change.” “Nice to hear what current dietitians have experienced and what I should expect as dietitians, things I want to change within the profession.” “I hadn't considered this topic before so the questions answered and the stories shared were very eye-opening and humbling.”

## Discussion and Literature Review

Being a dietitian is not an easy profession to enter anywhere, let alone practice. According to Milosavljevic and Noble (2015), dietitians have historically received less attention as a profession compared to physicians and must cope with an environment that may not support the dietetic process. Results of a second study by Milosavljevic and colleagues (2015) suggest that if dietitians experience a perception of under-appreciation, their dissonance becomes a source of profound tension, negatively affecting their view of the workplace. Furthermore, according to Gifford and Snell (2015), common barriers to advancing one's career as a dietitian included the complexities of the process, finding the time to complete the necessary steps, and having competing priorities with practicing as a dietitian. In an already challenging profession, Chicago dietitians face social, cultural, geographic, and economic barriers when attempting to improve the health of clients from low-income neighborhoods. According to a report by the Illinois Advisory Committee to the United States Commission on Civil Rights, African-Americans typically travel the greatest distance to any grocery store; Chicago's food deserts are almost entirely made of African-American residents (Abrajano et.al 2011). In addition, most neighborhoods with non-white residents do not have access to healthy food or grocery stores outside of fast food chains. According to the New York Law School Social Injustice Project, the segregation of Chicago's neighborhoods relating to the lack of food resources is not a coincidence, but rather the outcome of government policies and discrimination made by other Chicago residents (Barker et.al 2012). Finally, culture is a factor separating dietitians from the residents in need of nutrition assistance. Chicago's population is currently greater than 20 percent foreign born (Census Reporter, 2015) and has over 150 languages other than English are spoken at home. Chicago's low-income neighborhoods are primarily made of non-white and foreign-born populations with unique food traditions, attitudes toward health, beauty, and food consumption.

Dietitians might be aware of the varying cultures in Chicago, but lack knowledge of ways to practice in a setting different from that which they are accustomed. According to Dhaliwal in “A Reflection on Cultural Competence” (2016), dietetic students are expected to learn cultural competence through observation of role models yet not all students witness such role modelling. Therefore, cultural competence is imperative but not always accessible to dietetics students. Given these statistics, reinforced by first hand encounters of the dietitians from the digital story, dietitians from all over the world can relate to these stories and can begin sharing solutions for improved work.

## Conclusion

In conclusion, the digital story effectively shared stories of dietitians working in socioeconomically disadvantaged neighborhoods and initiated dialogue about professional challenges and opportunities for improvement for dietitians. Dietitians practicing in the field and dietetic interns soon entering the field were able to listen to and relate to stories in a professional setting. The experiences of these dietitians working in socioeconomically disadvantaged neighborhoods are examples of ways we, as a profession, encounter food injustice as it relates to social inequality. Food deserts are common in Chicago and dietitians should not shy away from working in them, because residents of these neighborhoods deserve access to healthy food as much as any other neighborhood. As a society and a profession, we must acknowledge the need for more dietitians in these particular settings and to increase our physical presence in food deserts in Chicago. Dietitians alone cannot improve the state of neighborhoods saturated with gang violence, homicide, and fast food restaurants, but we can collaborate with community heads already working to bring healthy food into food deserts to find how we can help. We make the mistake of not encouraging dietetic students to learn languages and to venture into neighborhoods in need of nutrition-related assistance. Chicago programs, to date, do not facilitate those experiences. There is no foreign language requirement for dietetic interns. Programs do not take students on field trips to food deserts, minority populated hospitals, or to community agencies which sponsor the need for access to healthy foods. Programs do not encourage enough students to explore the needs of their community when it comes to food and nutrition. Further research is required to

effectively study challenges faced by dietitians in Chicago and to understand opportunities for improvement for dietitians working with low-income populations. “Next Step” initiatives should be discussed and shared so dietitians, program directors, and dietetic interns may implement change in their communities and improve the state of dietetics wherever they practice. The findings of this digital story, “Dietitians in Chicago: The Stories and the Challenges,” are not only relevant to Chicago, but also to dietitians around the world encountering impoverished populations and experiencing uncertainty around ways to help. Dietitians should embrace the cultures they encounter, the uncertainty that the job entails, and work to find solutions to low-income neighborhoods access to healthy foods.

## Note

1. Food Desert – neighborhoods where access to adequate macro and micronutrients are limited due to the distance of grocery stores offering fresh and affordable foods. 23.5 million Americans live in a neighborhood lacking access to grocery stores within one mile of their home (Longworth, 2013).

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## Author Biography

At the time of this project, Audrey was a dietetic intern at Dominican University in River Forest, Illinois. Having since completed the internship and passed the exam, Audrey is currently a Registered Dietitian in a therapeutic preschool and kindergarten. She works with children ages two through five who are diagnosed with Autism Spectrum Disorder or have limited food acceptance. She is grateful for the opportunity to contribute to the journal of Critical Dietetics. A special thanks to Dr. Gingras of Ryerson University and Dr. White of Dominican University.