



Barriers to Becoming Registered Dietitians Identified by African American Students and Practitioners

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Introduction

The Healthy People 2010 objective of eliminating health disparities was prompted by the Institute of Medicine (IOM) report *Unequal Treatment; Confronting Racial and Ethnic Disparities in Health Care* (Smedley, Stith, and Nelson, 2003). The report documented racial inequities within the U.S. health care delivery system, including differential treatment on the basis of race demonstrated by health care practitioners. Recommendation 5-3 was to Increase the proportion of underrepresented U.S. racial and ethnic minorities among health professionals (Smedley et al., 2003).

The 2011 ADA Ethics Opinion: Eliminating Dietetics-Related Inequalities defined the term as including diet-related disparities addressing food intake and nutrition- care disparities in dietary services (Feliti, 2011). The authors stated that RDs and DTRs have an ethical responsibility to create social, evidence based and pragmatic solutions to eliminate dietetics-related inequalities. The very first action recommended to eliminate health disparities within a dietetic context was to recruit and retain diverse students and practitioners (Feliti, 2011).

Current Status of Minorities in Dietetics

In response to the IOM report, the Academy of Nutrition and Dietetics formulated a Practice Paper: Addressing Racial and Ethnic Health Disparities (Johnson-Askew, Gordon, and Sockalingam, 2011). Citing the Dietetic Registration 2008 Needs Assessment (Rogers, 2009), the paper authors noted that the number of food and

nutrition practitioners failed to reflect the changing demographics of U.S. population. Eighty-four percent of RDs identified themselves as white, 5% Asian, 2% black and 3% Hispanic/Latino (Rogers, 2009). The Practice Paper acknowledged that the training of minority students and development of cultural competency lies largely within academia (Johnson-Askew, Gordon, and Sockalingam, 2011). Authors called upon dietetics educators to “prioritize recruiting underrepresented populations into dietetics programs, as well as mentoring of culturally diverse students” (Johnson-Askew, Gordon, and Sockalingam, 2011, p. 447). It also indicated that both practitioners and educators need to understand the challenges that minorities face that prevent them from entering the profession. Between 2002 and 2008 the number of people of color entering undergraduate programs increased by 67%, while the number admitted to internships decreased by 11% (Commission on Accreditation for Dietetics Education, 2009). Of particular concern was the 58% decrease in African American's admitted into dietetic internships over the past decade (White and Beto, 2013).

This paper is a discussion of barriers to RD that have been identified by African Americans in five studies, in hopes of shedding light on how to address and reverse this trend.

The Need for Diversity in Dietetics

Nutrition is an accepted component of either the treatment or the etiology of six of the 10 leading causes of death for adults (Gonzalez and Riboli, 2010; Nguyen,

Nguren, Wooldridge, Slone, and Lane, 2010; Winter, Rohrmann, Linseisen, Lanczik, Rigleb, Hebebrand et al, 2008). In each of the categories, non-white populations have the greatest morbidity and mortality rates (Berry, Bumpers, Ogunlade, Glover, Davis, Counts-Spriggs, et al., 2009; Heron, Hoyert, Murphy, Xu, Kochaneck, Tejada-Vera, et. al., 2010; Health United States, 2007).. The IOM Report on Unequal Treatment included detailed descriptions of the various pathways whereby racial and socioeconomic differences in access to care and service can lead to systematic differences-disparities-in outcomes (Healthy People, 2010). These included the manner in which providers communicate with patients, cultural influences, socioeconomic forces related to both access to care and the ability to follow through on medical advice, differences in how facts are interpreted by patients and by professionals, and stereotyping (Kumanyika and Morssink, 2006). It has been documented that health care recipients report the highest level of satisfaction with care and trust when the service provider and recipient share the same racial/ethnic background (Felton, Nickols-Richardson, Errano, and Hosig, 2008) for a broader, population health view of nutrition related disparity has been identified by African American obesity researchers (Kumanyika, Whitt-Glover, Gary, Prewitt, Odoms-Young, et al., 2007).

“The pervasiveness of disparities affecting racial/ethnic minority populations across the spectrum of health outcomes speaks loudly to the point that structural factors are also involved. It is not simply *their behavior* that needs changing. The dialectic around health disparities continues to focus on equity and social justice and on the fallacy of interpreting as genetic the systemic, biologically relevant and transmissible health effects of responses to institutionalized racism and social disadvantage. From a minority health advocacy perspective, the disparities are the hard evidence of decades of oppression and mistreatment” (Kumanyika, 2005, p. 4).

In her article Navigating Cultural Competency, Stein asks the question “Does cultural competence come naturally in the 21st Century?” (2009, p.1676) She discussed the resistance that professional healthcare students (and teachers) must overcome in moving toward a model of patient-centered care by increasing cultural competency among providers Stein, 2009). Clearly, we need the voices of people from marginalized communities as leaders, teachers, researchers and practitioners to bridge these complex social and individual divides.

Discussion of Barriers for African Americans to Rd

This discussion is based upon the findings in five qualitative studies where African American interns or practitioners were asked their perception of what factors have contributed to the lack of diversity in the field of Dietetics. The first, done by Greenwald (2000), was a study commissioned by the American Dietetic Association in response to a survey done in 1997 that reported that only 2.5% and 1.7% of registered dietitians were African American and Hispanic (Byrk, 2001). Eighty-three newly credentialed minority RD's and DTRs were asked questions related to why they thought minorities and males were underrepresented among RDs and DTRs. The second, reported in 2002, included structured interviews with eleven minority interns conducted to assess their experiences throughout their dietetics' education and to examine their perceptions of the dietetics profession (Byrk and Soto, 2001). The third study was published in 2008, and included African American Dietetic students answering questions regarding their perception of the major, and the profession (Felton, Nickols-Richardson, Erran, and Hosig, 2008). Participants were asked why they thought so few African Americans come into the field. In a study done by White in 2008, nineteen African American nutrition practitioners were interviewed regarding their perception of the intersection of racism and dietetics (White, 2013). A study completed in 2012 included African American Dietetic interns interviewed regarding difficulties in their process of accessing internships (White, Hackett, and Aguiard, 2012).

Barriers to African Americans entering the Field were identified in each of these studies. These barriers can be grouped into three areas; education, finances and lack of diversity in the field. I will discuss the major themes that emerged in each of these areas and give examples from interviews reported from participants to illustrate them.

Education

Going into a field that is predominantly white, if you don't get picked for the third time, I'm going into something else. Something where I feel comfortable because I'm tired of not being picked and I'm tired of being isolated. It perpetuates itself. You need people in the community, you need other people in the classes, you need to groom people, you need a support system. So, I think it's also blacks don't have the luxury to get into something where they are not going to make money (White, Hackett, and Aguiard, 2012).

Participants in the studies discussed difficulties with the educational process to becoming an RD. One issue was the challenge of meeting grade and science requirements for people who may have previous educational deficits (Felton, et al., 2008). Racial disparity in access to education is a contributing social problem. Many African Americans are the first in their family to go to college and do not know how to navigate academic and financial support systems.

Nobody helped me fill out the forms. I tried to get help but I couldn't get any. I was in a family with no knowledge of it. Being in that environment [integrated high school], they helped you, but you felt the prejudice. I went there with the other kids, but the administrative staff, they were not as helpful to the African Americans as the other nationalities (White, 2012, p. 29).

"The road to my internship was so long and trying. If I knew then what I know now, I maybe would have selected another field. I would tell people to really think about this before they apply" (Suarez and Shanklin, 2002, p. 1676)

Critical education researchers have written that white dominant culture in education maintains and sustains exclusion and privilege, even while purporting integration or multiculturalism. Ladson Billings (1999) claimed "So complete is this exclusion that black students often come to the university in the role of intruders—who have been granted special permission to be there" (p. 9).

Another issue raised was that African American students entering Food and Nutrition Programs were not always supported to go into Dietetics, but were "tracked" into food service or hospitality programs. Here was the conversation described by one dietetic student with her advisor:

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 (White, 2012, p. 30).

Another participant reported:

I was the only black girl in the class, always, the only black girl in the class. I was encouraged to go into hotel food and lodging and not into nutrition (White, Hackett, and Aguiard, 2012).

The difficulty of accessing internships, the alienating selection process and competitiveness, was a recurring theme with study participants (Suarez and Shanklin, 2002).

I have a lot of African American friends who are either an RD or trying to, and a lot of them have voiced how hard it was to get into an internship. I think they need to look at the whole picture and to know that a lot of the health disparities that are facing Americans effect minorities more. More people will identify with somebody that looks like them. I found that even with my job and the nutrition field as a whole. 'I know where you're coming from because my family has dealt with that'. I mean grades do matter, but sometimes you need more diverse students, and if these people can't get into an internship they will give up and seek other fields to go into rather than dietetics. So, they need to look at the whole picture, not just certain things (White, Hackett, and Aguiard, 2012).

Financial Consideration

Students with valuable experience in the Field, who had families or job responsibilities said they did not have the mobility to leave their homes or jobs to travel so could not apply through the current match system successfully (Greenwald, 2000; White, 2013; White, Hackett, and Aguiard, 2012).

It was highly competitive and the cost factor was huge and I got married. I wasn't going to leave the husband to go far off. So mainly it wasn't affordable and it wasn't feasible and when you look at the career opportunities even in the area it wasn't paying enough to make it worth that while (White, Hackett, and Aguiard, 2012).

The perception that salaries were not commensurate with the cost of education also was identified as a barrier, particularly in contrast with that of other health professionals (Felton, et al., 2008; Greenwald, 2000; Suarez and Shanklin, 2002).

I don't know if any of my other colleagues of other ethnic background had to go through so many whoops, but I know I surely did. 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... Sometimes I wonder if I would have been better off, I have about the same amount of student loans, if I had went ahead and become a doctor. Close to \$100,000 dollars (White, 2012 p.30).

Lack of Diversity in the Field

The lack of African Americans in Dietetics affects the ability to recruit people from the community into the Field. While there are a substantial group of people in food service industry, dietetics is not well known as a career path (Felton, et al., 2008; Greenwald, 100).

At the community level, you don't see them. Students that do well, people encourage them to do things like become a doctor, become a lawyer. Because of racism, any time you would see a dietitian too, they would work in food service in a hospital (White, Hackett, and Aguiard, 2012).

Food related jobs also have association with a history of servitude, and for families sending children to college for the first time, they don't always see this career in a professional status. "Educate people so that they will stop thinking that we are cooks" was one participants proposed solution (Suarez and Shanklin, 2002, p. 1675).

Participants also talked about the perceived image of a dietitian as an obstacle, noting that the African-American community has a different concept of healthy eating than most food and nutrition professionals (Felton, et al., 2008).

African-American dietetics students reported concerns about the perceived image of physically fit, skinny and "perfect" food and nutrition professionals. These dietetic students mentioned that many African American men and women do not fully fit this stereotype (Felton, et al., 2008, p. 1195).

It has also become my desire to reach back and 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, looking to marry a doctor, type of profession...and given this epidemic with obesity, I want to give this care (White, 2012, p. 31).

Another woman described the perceived hierarchy this way

I felt like I needed to be a bench scientist. Because 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, not all dietitians, but people who could do community nutrition without an RD (White, 2012, p. 31).

People also spoke of the need for mentorship and the difficulty of being isolated (Felton, et al., 2008; Greenwald, 2000; Suarez and Shanklin, 2002).

Some students already have networks. "We" don't have that convenience. There has never been a black dietitian in my facility.

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...yourself identity is in that. In the Black world, I was very popular. Now I am an 18-year-old, in college, away from home and all of a sudden nobody likes me (White, 2012, p. 29).

Participants identified supportive faculty, program directors and preceptors as playing a key role in their success, but they also noted the lack of faculty of color in the Programs and admission committees (Greenwald, 2000; Suarez and Shanklin, 2002).

Solutions

In an article comparing diversity initiatives in health professions, Stein reported that the diversity initiatives of the Academy stack up well in terms of proactively addressing diversity through all of ADA's organizational units (Stein, 2011). Along with the official Diversity Philosophy Statement, the Academy has developed the Diversity Mentoring Toolkit for educators, Member Interest Groups, a Diversity Action Award, Diversity Leaders Program Award and Diversity Promotion Grant (Stein, 2011). The Academy 2012 Needs Satisfaction Survey and other reports reflect that the Academy has made some strides, but remains predominantly homogenous with only 3% members identifying themselves as black or African American and 3% Hispanic/Latino (White, 2012). These numbers do not reflect an effective approach to facilitating the increased interest in Dietetics demonstrated by students from communities most in need of nutrition services (White and Beto, 2013).

The Greenwald study described a "success story" underscoring the "importance of adaptation, mentorship and visible commitment" (Greenwald, 2000). They developed a coordinated program with WIC. "We get people who couldn't do the internship elsewhere but who are important to have in the field...We have great outcomes. All our interns have passed their exam" (Greenwald, 2000, p. 963).

The new Independent Supervised Practice Pathway (ISPP) initiated in 2011 by the Academy, provides an opportunity for students with previous experience in the Field to get some credit for prior work and obtain eligibility to take the RD exam through full or part time programs. This has allowed access to internship for a number of students of color, including a cohort of Extension nutritionists serving rural areas in the South and WIC nutritionists from urban communities (White and Beto, 2013). Additional recommendations being discussed from the Educational Task Force of the Academy include major changes in the internship process that will hopefully address the current internship shortage for all students (Future Practice, 2010). Stein proposed in *The Educational Pipeline and Diversity in Dietetics* (2012) to develop middle school bridge programs in communities not familiar with the Field.

Future Research

The Academy Position Paper challenges educators to implement new approaches that will both increase the number of students and faculty from under represented communities (Johnson-Askew, Gordon, and Sockaloingan, 2011). We need to develop tools for evaluating the success of new educational models addressing the barriers we have discussed above. Completely understudied, but important to addressing marginalization, is ethnic disparity in standardized testing results, and the efficacy of our current competencies in developing culturally sensitive practitioners (Rodriguez, 1996; Wayne, 2009). In addition, we need to explore where Registered Dietitians fit in to an “ecological model” in understanding health disparity, patient centered care and community based research (Kumanyika and Morssink, 2006). It is our responsibility as educators to serve as mentors to those entering the profession to become advocates for equal access to good food, health and nutrition education for all.

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