

# Enhancing Diversity and the Role of Individuals with Disabilities in the Dietetics Profession



**T**HIS ARTICLE PROVIDES INFORMATION on the prevalence of individuals with disabilities, disability rights laws, accommodation recommendations for individuals with disabilities, etiquette strategies for interacting with individuals with disabilities, and professional health science associations for individuals with disabilities. Ultimately, the goals are to impart basic knowledge concerning how to enhance diversity in the dietetics profession and the role of individuals with disabilities, and stimulate interest in research concerning disabilities among nutrition and dietetics students and credentialed practitioners.

Understanding the prevalence of individuals with disabilities in the United States, and specifically those working within the health care industry, can better inform the dietetics profession to evaluate diversity policies, practices, and initiatives in education, internships, and the workforce. In tandem, accommodation recommendations and etiquette strategies may be useful for nutrition and dietetics educators, employers, and colleagues to successfully integrate individuals with disabilities into educational institutions, internships, worksites, and organizations. Furthermore, many professional health science associations for individuals with disabilities provide support.

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## PREVALENCE OF INDIVIDUALS WITH DISABILITIES

According to the University of New Hampshire's Institute on Disability, among the civilian noninstitutionalized population in the United States, individuals with disabilities increased from 12.5% to 13.2% annually between 2010 and 2017.<sup>1</sup> In 2017, almost 43 million individuals had disabilities.<sup>1</sup> Disability rates were similar by sex and by race/ethnicity for African Americans, whites, and non-Hispanic others; among Hispanics and Asians, disability rates were lower.<sup>2</sup> Disability rates by type were highest for ambulatory (ie, serious difficulty walking or climbing stairs) and cognitive (ie, difficulty remembering, concentrating, or making decisions due to physical, mental, or emotional problems) followed by independent living (ie, difficulty doing errands alone due to physical, mental, or emotional problems); rates were lowest for hearing (ie, deaf or serious difficulty hearing), vision (ie, blind or difficulty seeing even wearing glasses), and self-care (ie, difficulty dressing or bathing).<sup>2</sup> Approximately one-third of adults with disabilities were employed, compared to approximately three-fourths of adults without disabilities.<sup>1</sup> Concerning postsecondary education, 14.3% of individuals with disabilities attained a bachelor's degree or more compared to 37.2% of those without disabilities.<sup>2</sup> In other studies among college students, 11.1% of undergraduate students (2011 to 2012)<sup>3</sup> and 7.6% of graduate students (2007 to 2008)<sup>4</sup> reported having a disability.

## Health Care Profession

Information about the prevalence of health care students with disabilities primarily concerns medical students. During 1987 to 1990, 64 (0.19%) of 33,138 graduates from 67 American medical schools had physical disabilities.<sup>5</sup> During 2001 to 2010, among

84,327 students at 86 North American medical schools, 470 (0.56%) had physical or sensory disabilities at matriculation and 356 (0.42%) at graduation.<sup>6</sup> During 2014 to 2016, 1,547 students at 89 US allopathic medical schools had disabilities, representing 2.7% of total enrollment.<sup>7</sup> Barriers to entry into the medical profession faced by students with disabilities include narrow interpretations of medical school technical standards (ie, descriptions of motor, sensory, and cognitive capacities required to matriculate, advance, and graduate),<sup>8</sup> denial of accommodations,<sup>9</sup> and the courts' interpretation of disability.<sup>10</sup> Other challenges are unique to medical students with specific disabilities, including deafness or hard of hearing<sup>11</sup> and dyslexia.<sup>12</sup> The impact of inevitable, age-related changes on physicians' physical and/or cognitive abilities raises challenges, too.<sup>13,14</sup>

Increasing diversity and inclusion is a core mission and value of the Association of American Medical Colleges, so many of its publications and efforts focus on increasing the gender, racial, and ethnic diversity of medical school applicants.<sup>15</sup> A 2018 report of a qualitative study by this association provides first-person accounts of the medical education experience from the perspectives of 17 undergraduates, 14 residents, and 16 physicians with disabilities.<sup>15</sup> The report highlights key considerations to help ensure that all qualified individuals, regardless of disability, have equal access to medical education and the medical profession. The considerations concern the following:

## Structure

- designate disability providers who are knowledgeable and provide resources for them;
- publicize clear policies and processes;
- provide access to appropriate accommodations;

- review and revise technical standards in light of current promising practices; and
- normalize help-seeking behaviors and facilitate access to wellness services.

## Culture

- regularly assess institutional policies, processes, services, and physical space;
- provide ongoing professional development for faculty and staff;
- integrate best practices and respectful language concerning disabilities into curricula and pedagogy;
- integrate disability into diversity initiatives;
- make information about disability services and accommodations easily accessible;
- review recruitment and hiring practices; and
- take a universal design approach to both physical space and learner activities.<sup>15</sup>

Although these considerations were written for medical education and the medical profession, they are applicable to dietetics education and the dietetics profession.

In 2018, the US Bureau of Labor Statistics reported disability rates of 4.2% among health care practitioners and technical occupations.<sup>16</sup> For the March 2000 National Nurses Survey, of 35,579 respondents, 1,630 self-reported not working in nursing, with 6.7% (n=110) indicating disability/illness as the reason.<sup>17</sup> DeLisa and Thomas<sup>18</sup> stated that 2% to 10% of physicians in practice were estimated to have disabilities. A small study with 10 nurses and 10 physicians with disabilities found that career trajectory is narrowed; they struggled with disclosing their disabilities at work; legally guaranteed workplace accommodations were typically not requested; interpersonal interactions often reflected the organizational climate; and a range of emotions were experienced concerning disability-related workplace challenges (eg, anger, grief, resilience, and optimism).<sup>19</sup>

## Dietetics Profession

There is a paucity of data on disability prevalence among nutrition and dietetics students, interns, and

credentialed practitioners. For both the 2015 and 2017 *Compensation and Benefits Surveys of the Dietetics Profession*,<sup>20,21</sup> of 6,385 and 9,000 respondents, respectively, 18% (1,149) in 2015 and 18% (1,620) in 2017 reported not being employed in a dietetics position, with 3% (34 in 2015; 49 in 2017) reporting disability/health problems as the reason. However, neither the 2015 nor 2017 survey included questions about disability status, whether employed or not employed in the field. The Academy of Nutrition and Dietetics (Academy) has included questions concerning disability status (whether employed or not employed) in the 2019 administration of the *Compensation and Benefits Survey of the Dietetics Profession* (personal communication, Barbara Visocan, vice president, Member Services, Academy of Nutrition and Dietetics, March 14, 2019). Thus, the 2019 survey will begin to fill the data gap on disability prevalence among credentialed nutrition and dietetics practitioners. The disability questions will be included in additional Academy surveys on a go-forward basis, providing data regarding disabilities in other membership categories.

## OVERVIEW OF DISABILITY RIGHTS LAWS

Education discrimination—at public schools and postsecondary educational (PSE) institutions—and employment discrimination—including employees and applicants—against individuals with disabilities are prohibited.<sup>22-24</sup> Thus, it is imperative for those who educate students, those who educate and/or employ interns, those in positions to hire others, and those with disabilities to have basic knowledge and awareness of disability rights laws.

The 1990 Americans with Disabilities Act<sup>22</sup> (ADAct) was enacted to ensure that individuals with disabilities have the same rights and opportunities as everyone else. This law prohibits discrimination against individuals with disabilities in all public life areas, including jobs, schools, transportation, and venues open to the general public.<sup>22</sup> The ADAct is divided into five titles (sections) relating to public life. This law defines disability as “a physical or mental impairment that substantially limits one or more major life

activities, a record of such an impairment, or being regarded as having such an impairment.”<sup>25</sup>

The 2008 Amendment to the ADAct broadened the disability definition and strengthened the 1990 ADAct<sup>26</sup> by substantially increasing the number of individuals eligible for disability protections under the law; thus, more students than ever before qualify for disability accommodations.<sup>27</sup>

For students with disabilities, PSE provisions of the ADAct apply to public and private colleges and universities.<sup>28</sup> For employees and applicants with disabilities, employment provisions of the ADAct apply to private employers with 15 or more employees, state and local governments, employment agencies, labor unions, employer agents, and joint management labor committees.<sup>29</sup> Thus, hospitals must abide by the employment provisions, too. Furthermore, rules for Section 503 of the Rehabilitation Act of 1973, which took effect in 2014, mandate that federal contractors include disability in their recruitment and hiring strategies.<sup>30</sup> This means that hospitals and other federal medical facilities, and possibly PSE institutions that receive federal research funding, should be intentionally seeking and hiring qualified individuals with disabilities.<sup>31,\*</sup>

The National Institutes of Health provides supplemental grant funding to support students, postdoctoral students, and investigators with disabilities.<sup>31,32</sup> Thus, credentialed nutrition and dietetics practitioners and students with disabilities with research interests can identify principal investigators who are also credentialed nutrition and dietetics practitioners and have research grants currently funded by the National Institutes of Health and seek supplemental funding.

Concerning interns with disabilities, and specifically dietetics interns with disabilities, interns are sometimes considered employees as well as students. Students with disabilities who attend PSE institutions are protected by the ADAct's title II, whereas interns

*\*A qualified individual meets the requirements of the specific job position, regardless of whether the individual has a disability. An individual with a disability is not hired simply because he or she has a disability.*

with disabilities who qualify as employees are covered by the ADA's title I if they are interns for a covered employer. The issue is determining who is responsible for providing accommodations—the PSE institution, employer, or both. An informal discussion letter provides additional information about how to determine when an intern is an employee<sup>33</sup> (personal communication, Linda Carter Batiste, JD, principal consultant, Job Accommodation Network, July 30, 2019).<sup>†</sup>

The ADA requires that PSE institutions modify their policies, practices, and procedures to allow equal access to students with disabilities, unless doing so would result in a fundamental alteration to the program or service provided.<sup>27</sup> This law does not ask PSE institutions to lower their educational standards, but to provide alternative modes that offer students with disabilities access to learning environments and opportunities to demonstrate competency.

PSE institutions and/or employers (to whom ADA employment provisions apply) must designate specific offices, people, or contacts to comply with disability rights laws, including disability services office, ADA coordinator, Equal Employment Opportunity (EEO) office, and Title IX contact. Working collaboratively, these entities provide guidance to nutrition and dietetics educators of students with disabilities, credentialed nutrition and dietetics practitioners in positions to hire individuals with disabilities, nutrition and dietetics students with disabilities, and/or individuals with disabilities who are applicants for nutrition and dietetics positions.

Each PSE institution must designate an office or person to support students with disabilities.<sup>31</sup> The disability services office or individual determines and coordinates academic adjustments, reasonable modifications, and auxiliary aids for students with disabilities; ensures students with disabilities equal access to all aspects of the PSE institution experience; helps students with

disabilities, faculty, and staff understand the rights of students with disabilities; and preserves the integrity of a professional program by recommending reasonable adjustments that do not compromise academic rigor or fundamentally alter the program's nature.<sup>31</sup>

An ADA coordinator must be designated by a PSE institution or employer (to whom ADA employment provisions apply).<sup>31</sup> This person ensures compliance with disability laws by the PSE institution or employer.<sup>31</sup>

Large employers/PSE institutions typically have an EEO office to oversee nondiscrimination in hiring and employment.<sup>31</sup> Duties of the EEO office and disability services office are often parallel, with the EEO office assisting applicants and employees, and the disability services office assisting students.<sup>31</sup>

Each PSE institution receiving federal funding must designate a Title IX contact to coordinate institutional legal responsibilities, such as investigating allegations of discrimination.<sup>31</sup> Resolving discrimination complaints often requires collaboration between the ADA coordinator, EEO office, Title IX contact, and disability services office because discrimination can occur due to many aspects (eg, gender, race, disability).<sup>31</sup>

Educators and employers may consider scheduling activities to celebrate National Disability Employment Awareness Month each October to raise awareness about disability employment.<sup>34</sup> The US Department of Labor's Office of Disability Employment Policy (ODEP) creates an annual theme and offers free resources on its website ([www.dol.gov/odep/topics/ndeam/index.htm](http://www.dol.gov/odep/topics/ndeam/index.htm)) to facilitate activities.

For more information on the ADA, visit the Job Accommodation Network (JAN), which provides guidance on disability employment issues and is funded by ODEP.<sup>35</sup>

## ACCOMMODATIONS FOR INDIVIDUALS WITH DISABILITIES

### Classroom

Students with physical, cognitive, or learning disabilities often need extra time to demonstrate material mastery so that their examination scores do not reflect effects of their disabilities.<sup>36</sup> The

amount of extra time depends on the specific disability and its impact on the student in the testing environment; an additional 25%, 50%, or 100% testing time may be needed. Sometimes, supervised breaks are requested instead, or a combination of extra time and supervised breaks is necessary. Breaks exclude exposure to test questions but allow students to take medication, measure blood glucose or blood pressure, refocus, rest, or eat snacks. Students' requests for extra time and/or breaks are reviewed by disability services, which select the accommodation based on each student's needs.<sup>36</sup>

Separate testing location is a typical accommodation<sup>36</sup> for students with disabilities who may become easily distracted by extraneous stimuli (eg, classroom noise, bright lighting, wall decor, and interruptions by other students). Private testing rooms may be needed for students who are exceptionally sensitive to stimuli, use text-to-speech software, have scribes, use other forms of assistive technology, or use self-talk or other active strategies to ameliorate effects of their disabilities.<sup>36</sup>

Priority or assigned seating is a common accommodation.<sup>36</sup> Students with visual or hearing disabilities, or with disabilities affecting focus and concentration, may need to be close to the front of the room.<sup>36</sup>

A modified attendance policy is a reasonable accommodation for students with disabilities if an exacerbation of symptoms would cause them to be physically unable to get to class, or attending class could cause them harm.<sup>37</sup> Attendance modifications are done on a case-by-case basis because disability services providers, with input from faculty, consider the student's specific situation and course scope.<sup>37</sup>

Other common accommodations<sup>36</sup> include technology to facilitate note-taking and reading, and web-based posting of lecture material as podcasts, videos, or audio recordings. For individuals with hearing disabilities, accommodations include American Sign Language, cued speech, or oral interpreters; live communication access real-time translation (CART) providers; captioned podcasts; and transcripts.<sup>36</sup> For individuals who use mobility devices (eg, wheelchairs or scooters), space is needed in classrooms to maneuver and park devices.

<sup>†</sup>For the remainder of this article, "interns" are not singled out; instead, readers may consider "interns" to be included with either "students" or "employees."

Implementing multiple accommodations for a variety of students with disabilities in each class can be challenging to manage, and adopting a universal design model for learning can streamline this process.<sup>38</sup> With universal design, course content and materials are presented in a manner accessible to all students regardless of disability, age, or learning style; further, the emphasis is on removing potential barriers to accessing information. Universal design does not challenge academic rigor. A variety of delivery methods and materials is used to accomplish universal design for learning (eg, post lecture outlines, slides, and discussion questions before class; have lectures include visual charts and graphs; include guest lecturers; record and post lectures as podcasts after lectures; post supplemental course materials; allow students to select from options—oral, written, visual—to complete

assignments).<sup>38</sup> The University of Washington's DO-IT program provides helpful information about universal design.<sup>39</sup>

## Laboratory

Adaptive laboratory equipment (eg, talking thermometers and calculators, light probes, tactile timers, tactile or nonglass pipettes, and large monitors attached to microscopes) may be needed, along with specialized seating or tables (eg, height-adjusted tables, ergonomic chairs, chairs with more cushions or back support, and kneeling chairs).<sup>36</sup> Individuals who use motorized scooters should be provided with designated parking that is safe, secure, accessible, and near the laboratory.<sup>36</sup>

An Academy 2016 Food & Nutrition Conference & Expo poster abstract<sup>40</sup> described accommodations to a university's food science laboratory for

individuals with disabilities. Special equipment was purchased and installed. Counters were lowered, drawer pulls were installed, and Braille tags were added to drawers, cabinets, and equipment.<sup>40</sup>

## Clinical Setting

Clinical setting accommodations need advanced planning and a team approach<sup>36</sup>; it is helpful for the disability services provider to have knowledge of the required clinical rotations and to understand the student's disability. Distance to the clinical site is a barrier for students with disabilities who are unable to drive or travel long distances, or due to the lack of efficient public transportation to the site. Students with disabilities who can drive but cannot walk long distances should be provided with accessible parking privileges at the clinical site.<sup>36</sup>

Association	Description	Website
Association of Medical Professionals with Hearing Losses <sup>50</sup>	<ul style="list-style-type: none"> <li>• Network for individuals with hearing loss who work or desire to work in health care</li> <li>• Maintains statistical registry to track number of deaf/hard-of-hearing professionals working in health care (eg, medicine, nursing, audiology, veterinary, and sports health)</li> </ul>	<a href="http://www.amphl.org">www.amphl.org</a>
Canadian Association of Physicians with Disabilities <sup>51</sup>	<ul style="list-style-type: none"> <li>• Networking and support for physicians with disabilities</li> <li>• National forum to discuss issues of mutual interest and concern to physicians with disabilities</li> <li>• Leadership role in influencing clinical education and research in matters pertaining to both patients and physicians with disabilities</li> </ul>	<a href="http://www.capd.ca">www.capd.ca</a>
Coalition for Disability Access in Health Science Education <sup>52</sup>	<ul style="list-style-type: none"> <li>• Collaboration among peer institutions to develop, advance, and disseminate leading practices to facilitate access and opportunity for people with disabilities in health science education</li> <li>• Hosts an annual symposium</li> <li>• Speakers Bureau and several helpful webinars</li> <li>• "Faculty Support" subsection in Resource section has online video training series for faculty who work with students with disabilities</li> <li>• Book titled <i>The Guide to Assisting Students with Disabilities: Equal Access in Health Science and Professional Education</i><sup>53</sup> describes how to accommodate students with all types of disabilities in didactic, laboratory, and clinical health science settings according to federal disability law, case law, and Office for Civil Rights determinations; all proceeds from this book go directly to Coalition<sup>53</sup> (pg xvii)</li> </ul>	<a href="http://www.hsmcoalition.org">www.hsmcoalition.org</a>

(continued on next page)

**Figure.** Professional associations for individuals with disabilities in the health sciences.

Association	Description	Website
Exceptional Nurse <sup>54</sup>	<ul style="list-style-type: none"> <li>• Nonprofit resource network committed to inclusion of more individuals with disabilities in nursing profession</li> <li>• Network for individuals with disabilities considering careers in nursing, nursing students with disabilities, nurses with disabilities, and nursing educators or guidance counselors working with students with disabilities</li> </ul>	<a href="http://www.exceptionalnurse.com">www.exceptionalnurse.com</a>
National Organization of Nurses with Disabilities <sup>55</sup>	<ul style="list-style-type: none"> <li>• Nonprofit organization that mandates board of directors to be represented by 60% people with disabilities where majority are nurses with chronic health conditions or disability</li> <li>• Represents people with disabilities and chronic health conditions who are students, nurses, and other health care professionals</li> <li>• Open membership, cross-disability, professional organization that works to promote equity for people with disabilities and chronic health conditions in nursing through education and advocacy</li> <li>• Website has links for research, education/training, resources, news, frequently asked questions, a listserv, and a job board</li> <li>• Annual report titled "The Voice of Disability in Nursing, 2017 Sharing our Stories: Hear Our Voices" includes actual success stories of nurses with disabilities and accommodations used (online at <a href="http://nond.org/wp-content/uploads/2018/05/NOND-2017-Sharing-Our-Stories-FINAL.pdf">http://nond.org/wp-content/uploads/2018/05/NOND-2017-Sharing-Our-Stories-FINAL.pdf</a>)</li> </ul>	<a href="http://www.nond.org">www.nond.org</a>
Society of Healthcare Professionals with Disabilities <sup>56</sup>	<ul style="list-style-type: none"> <li>• Fosters an online supportive community and freely provides disability-related resources and tools relevant for health care professionals, students, family members, and friends</li> <li>• Includes physicians, pharmacists, nurses, nurse practitioners, physician assistants, other health care professionals, students, and family and friends who wish to provide support</li> </ul>	<a href="http://www.disabilitysociety.org">www.disabilitysociety.org</a>
Society of Nurses with Disabilities <sup>57</sup>	<ul style="list-style-type: none"> <li>• Group for nurses with disabilities within Society of Healthcare Professionals with Disabilities</li> </ul>	<a href="http://www.nursingwithdisabilities.org">www.nursingwithdisabilities.org</a>
Society of Pharmacists with Disabilities <sup>58</sup>	<ul style="list-style-type: none"> <li>• Group for pharmacists with disabilities within Society of Healthcare Professionals with Disabilities</li> </ul>	<a href="http://www.pharmacistswithdisabilities.org">www.pharmacistswithdisabilities.org</a>
Society of Physicians with Disabilities <sup>59</sup>	<ul style="list-style-type: none"> <li>• Group for physicians with disabilities within Society of Healthcare Professionals with Disabilities</li> </ul>	<a href="http://www.physicianswithdisabilities.org">www.physicianswithdisabilities.org</a>
Western University of Health Sciences' Harris Family Center for Disability and Health Policy <sup>60</sup>	<ul style="list-style-type: none"> <li>• Center established in response to concerns of community of disabled individuals</li> <li>• Goals include increasing number of qualified individuals with disabilities who pursue careers in the health professions</li> <li>• Website's materials and resources sections provide helpful information</li> </ul>	<a href="http://www.hfcdhp.org">www.hfcdhp.org</a>

**Figure.** (continued) Professional associations for individuals with disabilities in the health sciences.

Charting and clinical record keeping are essential tasks and critical functions.<sup>36</sup> Students with disabilities who need assistive technology to use

computers may experience incompatibility with the electronic medical record (EMR) system at clinical sites.<sup>36</sup> Disability services providers

work with IT staff to determine whether the EMR system and assistive technology can work together.<sup>41</sup> This may require configuring the system to

be compatible with a certain screen reader on a designated, assigned computer station or tablet computer. However, sometimes a technological solution is not possible. When determining accommodations for EMR systems, not only the needs of students with disabilities must be considered, but also the required security and confidentiality to protect patient information.<sup>41</sup>

Accommodations for patient care activities include interpreters (American Sign Language, cued speech, or oral), CART, assistive listening system, reduced patient load, and note taker or Smartpen during intakes.<sup>36</sup> Paging accommodations may include visual, tactile, or vibrating paging devices or text pagers.<sup>36</sup>

Technological developments have allowed physicians in training and physicians with hearing disabilities, spinal cord injuries, and/or visual disabilities to complete their medical education and thrive in practice.<sup>42</sup> Examples of such technology applicable to nutrition and dietetics students and credentialed practitioners with disabilities include standing wheelchairs, dictation and magnification software, and CART.<sup>42</sup>

## Worksite

JAN offers guidance regarding the ADA's definition of reasonable accommodation, and information on specific products to make facilities accessible and where to purchase equipment.<sup>35</sup> JAN's "ADA Library" provides information on accessibility guidelines according to the ADA. The "A to Z List" on "Funding" and "Tax Incentive Topics" provides information on tax incentives to help employers implement workplace accommodations and organizations that provide additional funding. Data collected by JAN suggest that more than half of all accommodations cost nothing, and that most employers report financial benefits from providing accommodations due to reduced insurance, reduced new employee training costs, and increased worker productivity.<sup>35</sup>

According to JAN, employers can meet the needs of a diverse workforce that includes individuals with disabilities by using universal design features integrated into devices, environments, processes, and systems such as kiosks,

telecommunications, restrooms, and workplace elements.<sup>43</sup> Examples include door handles, keyboards, telephones, and transportation features that are more inclusive.<sup>43</sup>

A JAN case study<sup>44</sup> notes that 10 of the 20 fastest growing occupations are health care-related, the US health care field generates new wage and salary jobs at a rate higher than any other industry, and this growth will be largely in response to rapid growth in the elderly population. The case study states, "For new workers with disabilities, and as our working population ages, it is imperative to consider providing job accommodations to enhance the productivity of these valuable workers."<sup>44</sup>

Actual cases and accommodation success stories from JAN's database are available online at <https://www.askjan.org/a-to-z.cfm> by selecting a specific disability (eg, deafness) and scrolling down to "Situations and Solutions".

## Internships and Preceptors

ODEP has a generic, online how-to guide for employers to create inclusive internship programs.<sup>45</sup> Dietetics internships and preceptors may find this guide helpful to ensure that their programs are inclusive of individuals with disabilities. Dietetics internships and preceptors that can accommodate individuals with disabilities can indicate this in their materials so students with disabilities can make informed selections.

## Professional Conferences and Meetings

The online "A Guide to Planning Accessible Meetings" includes regulatory updates and practical guidance to help make meetings, events, and conferences accessible.<sup>46</sup> The "Pre-Event Attendee Registration and Communication" section includes a sample form to inquire about attendee's needs and accommodations. The "Meeting Room Layouts and Considerations" section recommends that accessible seating locations be offered throughout rooms to provide choices for individuals with mobility devices similar to choices available to others. The "Food and Beverage Service" section links to a fact sheet, "Food Service: Accommodating Diners with Disabilities," which

recommends that 1) events with meals include accessible tables with some chairs removed to accommodate attendees who remain in their own wheelchairs or scooters for dining; 2) accessible tables have surfaces no higher than 34 inches above the floor and clear space underneath at least 27 inches high so wheelchair users can get their feet and knees under the table<sup>46</sup>; and 3) accessible tables do not have floor-length tablecloths, which are hazards to wheels on wheelchairs and scooters.

## ETIQUETTE FOR INTERACTING WITH INDIVIDUALS WITH DISABILITIES

Etiquette strategies foster the inclusion and integration of individuals with disabilities into educational institutions, worksites, and organizations. For resources on general etiquette, see "Appendix D: Disability Etiquette for the Workplace and Beyond" in the ODEP guide *Inclusive Internship Programs: A How-to Guide for Employers*.<sup>47</sup> Etiquette guidelines on more specific topics, such as employee recruitment, interview and new employee strategies, and different disabilities (eg, mobility, vision, speech, cognitive, psychiatric, and respiratory impairments, as well as chemical sensitivities and deafness and hard of hearing) are available on the JAN website.<sup>48</sup>

## PROFESSIONAL HEALTH SCIENCE ASSOCIATIONS FOR INDIVIDUALS WITH DISABILITIES

The many professional health science associations for individuals with disabilities substantiates the willingness of health care facilities to hire individuals with disabilities who have earned a health sciences degree, and the ability of those with disabilities to do the work.<sup>49</sup> The Figure lists 10 professional health science associations for individuals with disabilities, details about, and the website for each association. Although none of the associations listed focus on the dietetics profession, their resources could be used to advance knowledge in this area.

## FUTURE NEEDS

Data on disability prevalence among nutrition and dietetics students and credentialed practitioners is needed, as well as research on students or

credentialed practitioners with disabilities when one or both groups is investigated by the research. Such research is different than surveys or evaluations of disability-related content in dietetics programs or courses.<sup>61-63</sup> It is crucial to include nutrition and dietetics students and/or credentialed practitioners with disabilities in the discussion of how to make the profession more inclusive of individuals with disabilities. To learn how to better support physicians with disabilities and increase their representation in the profession, DeLisa and Lindenthal<sup>64</sup> recommended systematic data collection over the life cycle of the following four groups: 1) physicians who had disabilities before beginning practice; 2) physicians whose disabilities began during their medical practice careers; 3) physicians from among the first two groups; and 4) patients of physicians with disabilities. They also recommended data collection on physicians with disabilities' physical space and technology use and needs, self-reflections on accomplishments and regrets, willingness to adapt to the demands of practice, and their patients'

views on care they provided.<sup>64</sup> To learn how to better support credentialed nutrition and dietetics practitioners with disabilities and increase their representation in the profession, the four groups and topics could be adapted to credentialed nutrition and dietetics practitioners with disabilities.

Efforts to include individuals with disabilities into the dietetics profession may improve the profession at large, and more importantly, the patients and clients served by the profession. Mentoring by practitioners and faculty with disabilities can assist students and recent graduates with disabilities to better represent individuals with disabilities in the medical and dietetics workforces.<sup>42,65,66</sup> Enhancing diversity—in the health care profession, generally, and the dietetics profession, specifically—will require that programs across the continuum from undergraduate to continuing education continue to decrease structural barriers, improve the culture towards disability, and provide training on the potential for reasonable accommodations, including technological advances, for all health care practitioners.<sup>42</sup>

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## STATEMENT OF POTENTIAL CONFLICT OF INTEREST

S. Domel Baxter was one of four members of the Academy of Nutrition and Dietetics' 2017-2019 Diversity Leaders Program, Diversity Liaison for the Research Dietetic Practice Group for Fall 2017-Spring 2019, and is current Diversity Liaison for the South Carolina Academy of Nutrition and Dietetics. No other potential conflict of interest was reported by the authors.

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