Letter to the Editor of AND

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To the Editor, Journal of the Academy of Nutrition and Dietetics:

As dietetics professionals with interest in social justice, we read with interest President Russell’s page “To Support All: Diversity and Inclusion” published in the recent Journal of the Academy of Nutrition and Dietetics (Russell, 2019). We applaud the Academy in its decision to include the word “inclusivity” in its revised definition of diversity. We agree that a diverse profession is not only desirable, but essential to effectively meet the needs of patients and clients.

We would like to take this opportunity to address a number of concerns with the information presented. First, we agree with our colleague Ms. Turner, MS, RD, LDN, that there is insufficient diversity in dietetics to allow for diverse decision makers and leaders or to “give equal footing to all those represented” (Russell, 2019, p.543). But, we believe the statement: “The Academy is diverse in that it welcomes membership without discrimination” (Russell, 2019, p.543) is incorrect. To be diverse, it is not enough for a group to welcome membership without discrimination; it must be comprised of members who represent the range of human differences (Ferris State University, 2019).

Second, the article reports that the Academy has prioritized diversity “since at least the early 1980s” (Russell, 2019, p.543), yet, by the Academy’s own data, efforts the Academy has adopted to improve diversity in the profession have been ineffective. In 2013, data on the racial/ethnic breakdown of RDNs in the US show RDNs identifying as black comprising 2.7% and Hispanic comprising 2.9%. The 2018 data show little change (2.5% and 3.3% respectively) (Stein, 2017). To compound the problem, the data from ACEND regarding the racial/ethnic makeup of students in dietetics programs shows a DECLINE in representation among both black and Hispanic people from 1998 to 2016 (Accreditation Council for Education in Nutrition and Dietetics, 2019). The initiatives undertaken by the Academy have not effectively increased the racial/ethnic diversity of its membership. Therefore, we suggest that the Academy’s plans to continue with the current programs is not enough. We argue that new initiatives should be developed and adopted, and their impact evaluated.

Third, we disagree with President Russell’s statement regarding how addition of the word “inclusion” translates into the Academy’s revised statement. Equal representation within the Academy’s membership is not true inclusion. Inclusion is an active process in which voices and perspectives of diverse members are heard and respected. It does not mean “encouraging diverse individuals into the profession and continued involvement” (Russell, 2019, p.543). We support Dr. Judith C. Rodriquez’s statement about the positive impact a diverse group of practitioners can have on the profession, and the essentiality of that group to provide the best care to the patients and clients.

In closing, we encourage the Academy to spend the time and resources needed to critically evaluate the effectiveness (or lack thereof) of its current diversity initiatives and programs. We hope that our feedback will spur the Academy to discontinue programs that are not improving diversity and use resources saved to create new programs that have the potential to effect real change. Suggested strategies include the development of pipeline programs, encouragement of holistic admissions processes, subsidizing supervised practice programs, offering loan repayment, and providing credit for prior learning (Burt, in press).
References


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1 While this publication is now published, it was in press at the time this manuscript was submitted.