

# Diversity in the Human Nutrition and Dietetics Profession: Challenges and Opportunities

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## Abstract

Chronic diet-related diseases are among the leading causes of morbidity and mortality in the United States and worldwide. The challenges of food access, affordability, variety and nutritional adequacy—all precursors to food security, coupled with unmodifiable risk factors such as genetic traits (*i.e.*, family history), age, gender, race and ethnicity may predispose individuals to increased risk for disease pathogenesis. Other factors such as certain co-morbidities (e.g., prediabetes, diabetes, hypertension, obesity, etc.), demographic, behavioral and lifestyle characteristics, although modifiable, may promote advanced disease trajectories if not rehabilitated. As individual determinants of health are diverse, a diverse team of healthcare professionals is necessary in addressing the challenge of chronic diet-related disease, which may be one of the greatest threats to public health. Critical to this team are individuals within the nutrition and dietetics profession. This short narrative review will briefly address select challenges and opportunities for diversity in the human nutrition and dietetics profession.

## Keywords

Nutrition, Dietetics, Diversity, Chronic Disease, Public Health

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## 1. Introduction

Although the United States is one of the wealthiest nations in the world, citizens may experience poorer health outcomes based on dietary intake patterns, sedentary behaviors and other lifestyle characteristics [1]-[4]. While scientific evidence confirms the relationship between diet and chronic disease risk, recommendations continue to not be met [5] [6]. Chronic diseases, according to Hacker, “have been and continue to be some of the major causes of worldwide morbidity and mortality” [2]. In addition, certain dietary patterns may increase or decrease the

risk for diet-related chronic diseases [7] [8]. Researchers have found that barriers to engaging in healthier dietary practices, related to the nutrition environment, economic factors, cultural factors and individual-level factors, may lead to the increased prevalence of diet-related chronic disease [9]. Establishing linkages that emphasize the diversity of agriculture, food systems, and dietary compositions may lead to increased food security, increased likelihood of meeting dietary recommendations and improved nutrition outcomes [10].

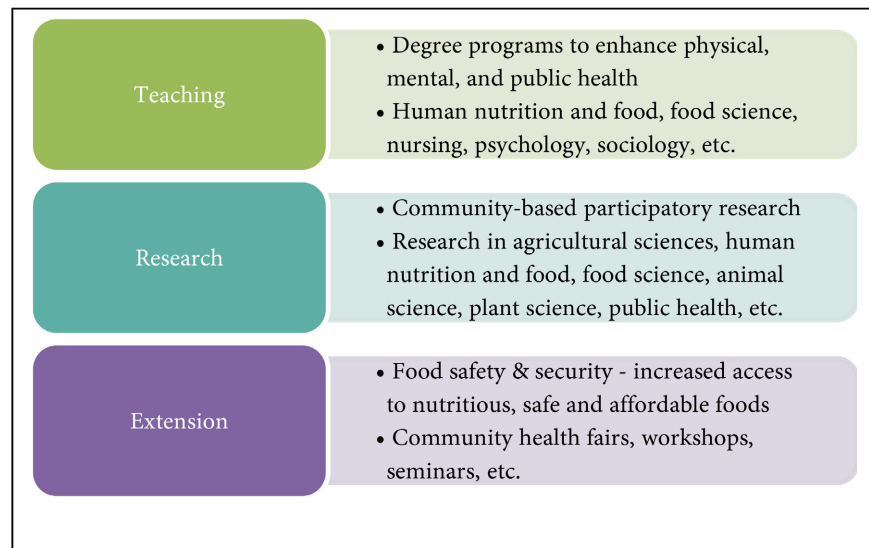
Although chronic diseases are found throughout the general population, certain subpopulations are inadvertently at risk for disparities in health and health outcomes if they possess specific demographic characteristics. For example, African Americans, comprising roughly 13% of the total population, continue to lead in terms of co-morbidities and premature mortality [11] [12]. Cultural and geographical barriers to dietary intake, in addition to systemic discrimination, may further exacerbate this challenge [13]-[15]. Consistent engagement within the African American community (and other minority communities) to actively create culturally sensitive, sustainable strategies is paramount in addressing diet-related disparities [16] [17]. The role of institutions of higher education, particularly 1890 institutions, within these communities is critical in identifying disparities, as well as teaching, research and extension protocols to mitigate these disparities. Addressing these challenges requires an integrative approach centered on diversity, particularly in the human nutrition and dietetics profession. This short narrative will explore the challenges and opportunities for diversity in the profession.

## 2. The Training of Minority Professionals

As minority-serving institutions, Historically Black Colleges and Universities (HBCUs) are critical in promoting health equity via the training of minority professionals who will enter the healthcare industry and may act as liaisons for minority citizens [18]-[21]. In addition to training students to become medical professionals such as doctors and nurses, HBCUs are also critical in training students to become food and nutritional professionals such as dietitians and nutritionists [22]. The role of HBCUs in hospitality and tourism cannot be underestimated [23]. However, barriers to diversifying the food and nutritional sciences industry with individuals equipped to examine the relationship between food and nutrition may further compromise the health status of minority residents [24]. Research has confirmed that diversity in the food and nutritional sciences profession is needed to lessen the burden of health disparities among minorities [25] [26]. The lack of diversity and representation of African Americans within the food and nutritional sciences may inadvertently cultivate health disparities.

As minority students are more likely to complete their undergraduate degrees at an HBCU [27], the training of minority professionals by HBCUs is critical in creating opportunities to diversify the arenas that affect health promotion and disease prevention. Through teaching, research and extension efforts, these institutions have the potential to directly and indirectly improve community and pub-

lic health (**Figure 1**). Although not unique to HBCUs, academic programs designed to educate and train professionals in the human nutrition and dietetics profession have challenges that may impact student matriculation and success. Therefore, the training of minority professionals is critical in promoting racial diversity in the nutrition and dietetics profession.

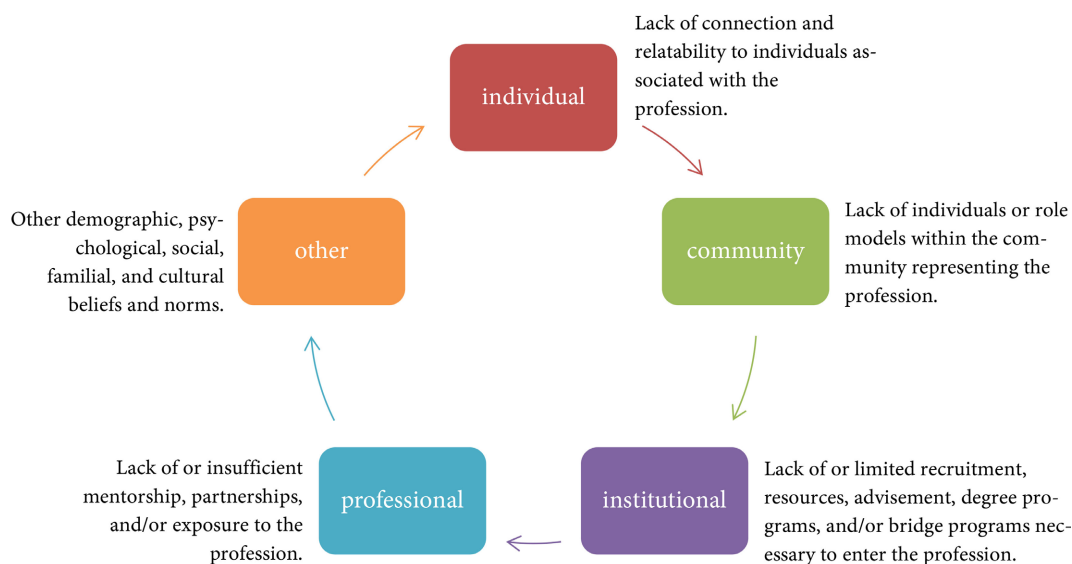


**Figure 1.** The teaching, research and extension efforts of 1890 institutions in addressing health disparities.

### 3. The Importance of Racial Diversity in Human Nutrition and Dietetics

The importance of racial diversity in nutrition and dietetics cannot be overemphasized. Researchers have noted the need for a diverse workforce to meet the needs of “the ever-increasing multicultural population” [26]. Having a more diverse workforce is paramount in ensuring the quality of patient care and positive patient outcomes [28]. The effectiveness of dietitian-provided medical nutrition therapy in improving prehypertensive and hypertensive patient outcomes [29], further highlights the need for diversity in the dietetics profession as minorities have higher prevalence rates of prehypertension and hypertension [30]-[32]. However, barriers to medical nutrition therapy delivery to black women with type 2 diabetes mellitus have been noted [33]. More importantly, empathy within the nutrition and dietetics profession is necessary to successfully deliver high-quality, patient-centered care [34]. Diversifying the workforce will increase the likelihood of empathy and positive patient outcomes within the profession; however, a lack of diversity may compromise patient care. Challenges to diversifying the dietetics workforce include, but are not limited to emerging/expanding areas of practice, skill development, intrapersonal factors and support systems [35]. It has been suggested that peer mentoring be employed to increase recruitment, retention and overall cultural diversity in dietetics [36]-[38]. Furthermore, cross-cultural en-

gagement, defined by Hassel as “a cross-cultural journeying process where dietitians are asked to temporarily step into and engage a non-biomedical cultural context”, may be beneficial as this approach requires the consideration of other systems of thought in approaching the relationship between food and health [39]. Potential barriers to racial diversity in the human nutrition and dietetics profession are presented in **Figure 2**.



**Figure 2.** Potential barriers to racial diversity in the human nutrition and dietetics profession.

#### 4. Challenges to and Opportunities for Diversity in Nutrition and Dietetics

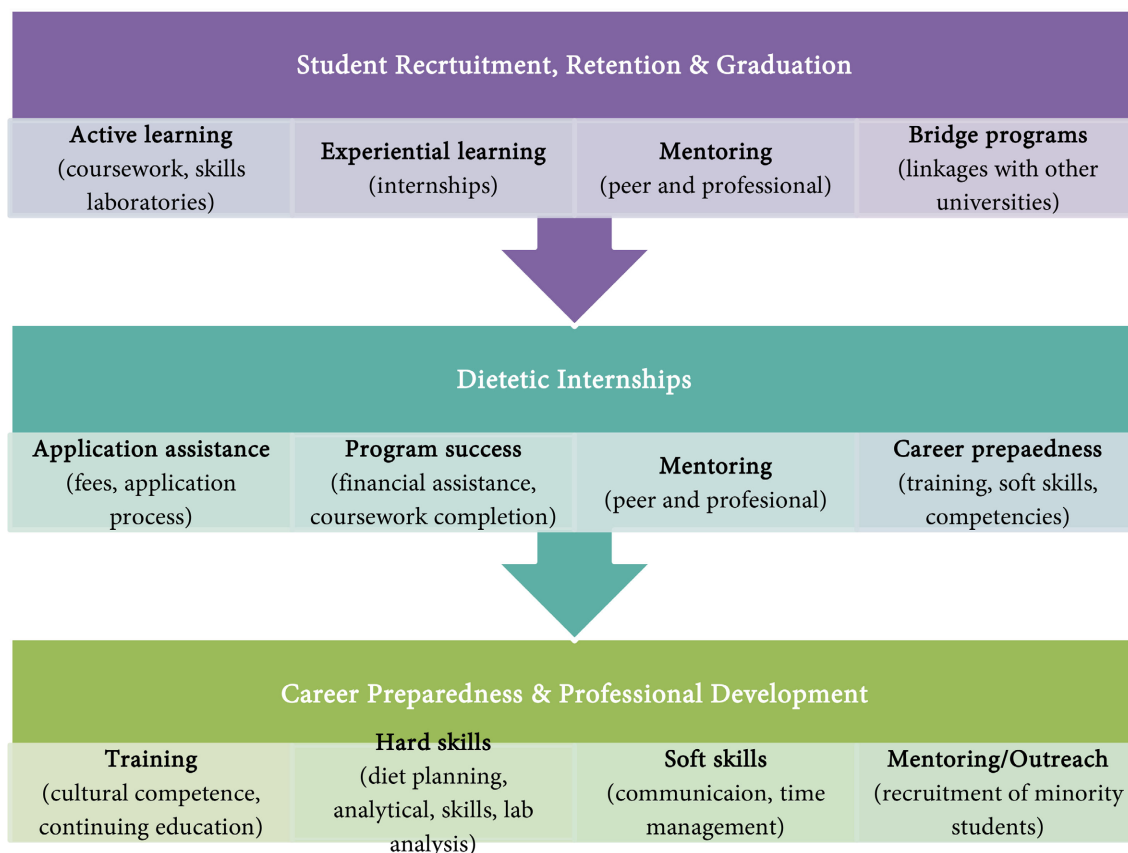
According to Dart *et al.*, “The discipline of nutrition and dietetics includes diverse work roles that span the health care continuum from public health and health promotion to acute clinical settings” [40]. Understanding the challenges to public health (**Table 1**) and providing potential strategies for diversification (**Figure 3**) to address these challenges is imperative to the nutrition and dietetics profession. The challenges to diversity in nutrition and dietetics are multifaceted and may be compacted depending on the source. A major challenge to diversity in the profession is the lack of minorities trained to serve as nutrition and dietetics professionals. The recruitment, retention and graduation of minority students is critical in creating a pathway for dietetic internships and these individuals entering the professional pipeline. Although minority students are more likely to graduate from an HBCU, there is only a small percentage of HBCUs with undergraduate Didactic Programs in Dietetics (DPD). HBCUs without DPDs may consider establishing collaborations with other institutions with DPDs and/or Dietetic Internship Programs to establish “bridge programs”. These programs may be useful in establishing bridges between and among the universities to provide exposure and opportunities to complete the requirements to become a nutrition and dietetics professional.

In addition to the education and training of minority students, the nutrition and dietetics profession may face challenges in providing care based on cultural, economic, geographical and behavioral characteristics. The lack of exposure to different cultures during the education and training process may further lead to a lack of diversity in patient care and the recruitment, retention and graduation of minorities to enter the profession. Identifying the challenges and opportunities during the training stages may assist in identifying first-generation college students, the dynamics of the learning environment, perceptions, barriers, cultural norms, and career aspirations that may influence student success and the diversity of the nutrition and dietetics profession.

**Table 1.** Common challenges and potential strategies to address health disparities\*.

Challenge	Potential Consequence	Strategy
Food desert	Limited access to affordable, nutritious and safe food Food insecurity Obesogenic environment Increased risk for consuming an atherogenic diet	↑ Access ↑ Affordability Farmer's Markets Resources Nutrition education Stakeholder engagement
Distracted eating (e.g., not dining at the family table, social media)	Increased consumption of ultra-processed snacks and sugar-sweetened beverages Increased consumption of added sodium, sugar, fats, protein from animal sources, calories Consumption of caloric/energy-dense meals and snacks Nutrient deficiencies—malnutrition	Nutrition education
Cultural norms—food preparation	Addition of excessive amounts of sugar, salt and solid (saturated) fats during food preparation Overcooking of vegetables and legumes—destruction of water-soluble vitamins	Hands-on Demonstrations Nutrition education
Cultural norms—food selection	Normalization of certain eating patterns (e.g., meal composition, meal frequency, portion sizes, etc.)	Nutrition education
Food intolerances and allergies	Decreased dietary variety Lactose intolerance—vitamin D deficiency Decreased dietary variety	Development of functional food products
Co-morbidities	Pre-diabetes Diabetes Hypertension Metabolic syndrome, etc.	Resources Dietary interventions Nutrient education
Economic	Limited funds to purchase healthier food options	Resources Referrals
Health care	Lack of access Insufficient care Lack of diversity in providers	Referrals Provider training

\*The information contained in this table is not exhaustive and does not consider all of the challenges to public health.



**Figure 3.** Opportunities to diversify the nutrition and dietetics profession.

## 5. Conclusions

The key challenge to diversity in the nutrition and dietetics profession is that minority students cannot relate to the stereotypical portrayal of a dietitian and therefore may choose to not major in dietetics [41]. Creating opportunities for active and experiential learning, mentoring and career preparedness may be beneficial in contributing to the success of minorities in nutrition and dietetics education programs, and subsequently diversity within the profession. Reaching minority students may require actively recruiting and mentoring students enrolled in HBCUs. HBCU partnerships with other colleges and universities to create bridge programs in nutrition and dietetics education may further expose students to the profession, increase competence and develop confidence. These partnerships may lead to internships, training, and career preparedness and more importantly form a bridge to the profession. Although there is a clear need to diversify the nutrition and dietetics profession, there exist vast opportunities to address the challenges of diversity. Identifying the challenges and developing strategies to combat the challenges is the first step.

A more recent challenge to diversifying the nutrition and dietetics profession is the COVID-19 pandemic. The pandemic emphasized the important role and value of telemedicine/technology in the delivery of nutrition and dietetics services. Ironically, Hickson and Collinson indicated the need to embrace technology before

the worldwide pandemic, which may strengthen the role, influence and impact of dietitians [42].

The influence of the COVID-19 pandemic and its influence on learning modalities, specifically asynchronous instruction [43] [44] and the nutrition and dietetics profession still ensues today. Further exacerbating the challenge of diversity in undergraduate DPDs is the limited evidence of diversity, equity and inclusion in terms of recruitment (e.g. DPD websites) [45]. Intensive and intentional programs to recruit, engage and retain minority students are equally important in diversifying the nutrition and dietetics profession [46]. By diversifying the nutrition and dietetics profession, the two major threats to public health, 1) chronic diet-related diseases and 2) health disparities, may be abridged.

Critical in the management of disease and injury is the nutrition and dietetics profession [47]. Because patients have diverse nutritional needs based on their condition, it stands to reason that the treatment plan would involve a diversified approach in nutrition assessment, intervention, treatment and monitoring. A team consisting of nutrition and dietetics professionals who can relate to and articulate the ethnic and cultural norms of patients increases the likelihood of favorable patient outcomes. However, if there is a lack of diversity among the nutrition and dietetics professionals, patient outcomes may be hindered. Strategies to enhance diversity in the nutrition and dietetics profession must begin at the collegiate level with the recruitment, retention and graduation of minorities. Potential strategies to enhance diversity may include methods, such as reducing internship application fees, re-evaluating internship admission criteria and diversifying selection committees [48]. In addition, restructuring the pathway to becoming a nutrition and dietetics professional beginning with creating educational spaces that are racially and ethnically inclusive may transform dietetics education and enhance the diversity of the profession [49].

The nutrition and dietetics profession is critical in addressing chronic diet-related diseases and health disparities. Although the general population is a melting pot of diversity in cultures, beliefs, and behaviors, the nutrition and dietetics profession is not. Although minorities comprise a smaller percentage of the general population, a significant number of minorities experience a disproportionate higher prevalence of diet-related chronic disease. This demographic trend and lack of diversity within the dietetics profession significantly limits the ability of the profession to effectively and efficiently serve those most vulnerable and at risk for diet-related health disparities. Ensuring that the nutrition and dietetics profession is diversified is therefore necessary to facilitate equal access to appropriate nutrition and dietetics services for diverse members of the general population, regardless of their cultural, ethnic and demographic characteristics.

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## Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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