Diet-related chronic diseases are now some of the leading causes of death in America. Racial inequalities exist in many of these illnesses, including obesity, diabetes, and heart disease. The quality of care also tends to be lower for racial minority groups.

The Patient Protection and Affordable Care Act of 2010 increased healthcare coverage for many low-income people of color who are unequally affected by these diseases. At the same time, populations are expected to rise in racial and ethnic minorities. With more patients of color suffering from diet-related disease able to access healthcare, the field of dietetics must focus on serving their unique needs.

This brief recognizes two areas for improvement. First, there must be a stronger focus on building a culturally competent workforce. Food and nutrition are deeply intertwined in race, ethnicity and culture. As a field that uses food as treatment, we must have the knowledge, skills, and awareness of how food relates to race and culture in order to provide effective care.

Working hand-in-hand with cultural competency, dietetics must also increase racial and ethnic representation in the workforce. As a field that largely consists of white women, dietetics is ultimately limited in their ability to serve communities of color. Racial representation is vital if we hope to reduce racial inequalities in diet-related disease.

In order to reach and sustain cultural competency and racial representation in dietetics there must a systems level commitment to properly recruit and train dietitians. Efforts must be long-term and financially sustainable.

Our policy suggestions are directed toward college-level dietetic training programs. By recruiting and training a more diverse and culturally competent workforce we believe the quality of care within our field can only improve.

Policy Highlights

- #1: Build an inter-disciplinary task force focused on race and cultural competency.
- #2: Offer a 1-credit, 3-quarter long Cultural Competency Course for dietetics students.
- #3: Develop a pipeline program for youth of color.
- #4: Require staff & faculty to attend on-going cultural competency trainings.
- #5: Regularly evaluate systems using outside expertise.
- #6: Hire a Minority Services Coordinator.
Key Points:

- Racial & ethnic minorities are at a higher risk for diet-related diseases like diabetes, heart disease, and morbid obesity.
- Quality of care is generally lower for racial & ethnic minorities in part, due to lack of culturally competent providers.
- The healthcare field, including dietetics, is racially under-represented, which contributes to racial disparities in health.
- The population growth of racial & ethnic minority groups & increased access to healthcare demands improvements in delivery of care.

Race Inequalities in Diet-Related Health

Obesity, diabetes, and cardiovascular disease are sweeping the nation at rapid rates. In fact, seven of the top 10 causes of death in 2010 were chronic diseases including the diet-related diseases previously mentioned. Physical activity and poor nutrition are two of the leading causes of chronic disease.

When we take a closer look at who is affected by these illnesses, data shows communities of color—those who identify as part of a racial or ethnic minority group—are affected by chronic disease at higher rates than their white counterparts. Diabetes diagnosis is higher amongst all racial groups (Blacks, Hispanics, Asians, Indigenous Natives), a trend that appears in obesity and stroke rates as well.

At the same time, the country’s racial diversity continues to increase. By 2050, the nation is expected to be 30% Hispanic, 13% Black, and 8% Asian. The Affordable Care Act of 2010 also increased access to healthcare, which directly and positive affect this growing population.

Communities of color have a unique experience with healthcare that cannot be ignored when providing health services. A long history of mistrust and mistreatment of racial minority groups, largely by white practitioners, still affects how individuals and groups interact with health systems. The Tuskegee Syphilis Study—a 40 year experiment conducted by the US government that knowingly infected hundreds of Black men with syphilis and withheld treatment despite a known cure—is cited by Black patients today as a reason for mistrusting the healthcare system.

Inequalities in healthcare services persist today. Racism, cultural distance between patient and provider, and language barriers shape how a person of color experiences health and healthcare. The Institute of Medicine reported that in general, people who are perceived as racial minorities experience lower quality care compared to whites.

With a growth in racial diversity and glaring inequalities in the health and care of these populations, providers must actively address how best to serve communities of color.
HEALTH AND CULTURE

Culture and health are inextricably linked to one another. Cultural identity is not simply someone’s racial or ethnic identity, but multiple complex layers. When a health system fails to recognize how culture shapes health, the system fails both patients and providers.

What Shapes Culture?12

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...And More!

When patients and providers come from different cultural backgrounds there is a sense of distance between the two. Cultural prejudice and biases, language barriers, and an inability to relate can cause a person of color to disconnect from their health or the health system. One study found that people of color are less confident in their ability to reach health goals than white patients. This could relate to their sense of belonging in the health system, mistreatment or mistrust by providers, or conflicts with cross-cultural ideas.

CULTURAL COMPETENCY

cultural competency is a key factor in the effectiveness of treatment and outcomes of health. When a provider practices cultural competency they share a sense of value and honor for patient history and identity. As a profession rooted in the care of others, cultural competency is the ultimate gesture of caring.

Developing culturally competent care practices requires training, reflection, and commitment to growth at both a individual and systems level. A provider must understand the need for cultural competency and have support from their agency or organization to explore what cultural competency means.

What is Cultural Competency?

There is no single definition for cultural competency. It is more of a practice and philosophy that one has the knowledge, skills, and awareness to act and communicate effectively with cultures different from their own.

Effective cultural competency training not only raises awareness of different cultural values and practices, but also gives providers the tools they need to act out cultural competency. Simply teaching providers facts specific to a culture is not enough in giving them applicable skills. Instead, there should be a focus on social justice and the root causes of health disparities that directly affect their patients and practice.

When putting a culturally competent care system into place one must work toward having a long-term, sustainable model. This requires provider buy-in and strategic planning. A system must be evaluated regularly and held to certain standards and goals that ensure cultural competency is practiced. An effective model goes beyond mission statements and has action plans that evolve with time and growth. Financial support and collaboration are also key to success. Look to other agencies and fields for best practices and new ideas.

Benefits of Cultural Competency

- Reduced health disparities
- Better quality of care
- Increased patient self-confidence
- Reduced barriers to access
- Policy development to benefit system
- Better patient-provider relationships
- Increased patient trust of health systems
- Better health outcomes
RACIAL DIVERSITY IN THE WORKFORCE

Cultural competency is an important part of improving the health system, but it is only one side of the coin. When thinking about racial health inequalities in the community one must consider what inequalities exist within their own field.

While racial groups over-represent many chronic disease, their under-representation is widespread in the healthcare field. For example, Affordable Care Act insurance enrollment by Hispanics was higher than expected in 2013, but they hold less than 8% of healthcare jobs.

Having providers reflect their patient's identity is a key factor in racial health inequalities. Providers who mirror the culture of their patients in some way are better able to connect and communicate with their patients on health. In terms of cultural competency, a provider who identifies as a person of color has lived experiences and stories that cannot be taught. They come with a valuable set of skills and views of culture that white practitioners may not have.

Beyond the patient experience, a focus on racial diversity in the healthcare field will also benefit the workforce. Having equal racial representation in the field can strengthen the work of cultural competency. More importantly, having racial representation sends a strong message to people of color in-and out-side the field.

The challenges of a person of color who is under-represented in their workplace may be similar to what was describe for patients of color. There can be social and cultural distancing that causes providers of color to feel marginalized and unwelcome in their field. Many describe feeling singled out or being extra aware of their differences from their peers. They may also feel responsible for representing their race positively to their white peers. They can feel forced to operate in ways that conflict with their cultural values as a tool to survive in a space they do not feel they belong.

The Effects of Racial Inequality in the Workforce

Social Isolation
Paranoia
Poor Mental Health
Racism
Tokenism
Helplessness

Trauma
Emotional Pain
Feeling Undervalued
Low Quality Work
Frustration/Anger
Poor Physical Health

The message sent to people of color outside the field can read like a “do not enter” sign. For example, students who may be interested in entering a field will see a lack of racial diversity and feel that field is out of reach or does not apply to them. Historic trauma of racism and isolation can caution a person of color from entering fields that reflect those traumatic spaces. Lack of racial representation also may imply lack of cultural competency, although it may not be true in reality. In an effort to protect oneself from the pain and discomfort addressed above, a person of color may avoid the field as a career all together.

Lack of racial diversity ultimately leads to a system that cannot serve its racially diverse patients. People of color bring lived experiences and understanding of minority cultures that cannot be taught. They can connect with patients on a cultural level that reduces barriers and health inequities.

THE STATE OF RACE IN DIETETICS

As part of the healthcare field, dietetics has a responsibility to practice cultural competency and ensure racial diversity in the field. In fact, because diet and nutrition are key factors in the chronic diseases sweeping communities of color and food is so closely tied to cultural identity, addressing race in dietetics is vital.

The Academy for Nutrition and Dietetics—the regulatory body that oversees the Registered Dietetics field—has made clear statements and actions to prioritize racial and ethnic diversity in the field. However, the efforts seem to fall flat when looking at the numbers.

Year after year, racial representation in dietetics produces numbers that do not reflect the populations it serves. The field is largely made up of white females, with only 11% of Registered Dietitians identifying as racial minorities. A lack of culturally competent nutrition counseling has also been cited as a barrier for patients of color, which may be a reflection of the lack of racial diversity.

Better racial diversity in dietetics can ensure patients receive effective, accessible care that takes culture into account. Dietitians of color, who share similar food practices or cultural values of health and nutrition, can connect with patients of color on a level white peers may not be able to.

In order to increase racial diversity in dietetics, training programs must take action. Enrollment in college level dietetics program rose in 2008, but internship placements fell 58% for African Americans. There is also a knowledge gap—a lack of awareness—that dietetics is a career option for people of color because the field is perceived as being a “white woman’s space.” Once in the program, students have reported a lack of resources and services to meet their needs. To effectively recruit and retain people of color to dietetics we must look beyond quotas and numbers, and critically change systems.

Academy Efforts to Address Racial Diversity & Cultural Competency

Diversity Philosophy Statement
Cultural Competency Resources Available
Diversity Mentoring Toolkit
Pan-Ethnic Images in Academy Messaging
Member Interest Groups
Diversity Action & Leaders Program Awards

Racial Demographics of the Academy for Nutrition and Dietetics Membership, 2012

Chin et al.
Policy Highlights:

- **#1: Build an inter-disciplinary task force focused on race and cultural competency.**
  The task force will bring key stakeholders—including students, staff, and faculty—together to build a more culturally competent and racially diverse college-level dietetics program. At least 50% of the task force should be people of color. 25% of the members should be from other programs or departments to help build inter-disciplinary collaboration and learn best practices. The task force should meet regularly throughout the school year and develop actionable goals and objectives.

- **#2: Offer a 1-credit, 3-quarter long Cultural Competency Course for dietetics students.**
  The course will build skills, knowledge, and awareness of cultural competency using both experiential and didactic learning methods. The course should be a three part series that occurs over three quarters to build and deepen learning. Community members from minority groups should be included to share stories and expertise. The course will use both science and humanities and include discussions, journaling, and creative projects. We strongly encourage hiring a qualified person of color to facilitate the course.

- **#3: Develop a pipeline program for youth of color.**
  An effective pipeline program generates interest in dietetics and focuses on recruiting and retaining youth of color in the field. This includes long-term academic support and mentoring from dietitians of color. Youth will have the chance to learn about careers in dietetics through field trips, guest speakers, and hands-on learning. The program should involve students and professionals in dietetics, preferably those of color.

- **#4: Require staff & faculty to attend on-going cultural competency trainings.**
  For a program to preach cultural competency, it must also practice it. All staff and faculty should attend an initial training together, followed up by quarterly trainings that deepen their practice and awareness. Follow up trainings can depend on the individual’s interest.

- **#5: Regularly evaluate systems using outside expertise.**
  To continuously improve and grow, a program should seek feedback and evaluation from students, staff, and outside experts. An outside expert can help set and reach goals. Feedback should be put into place in a timely manner.

- **#6: Hire a Minority Services Coordinator.**
  To reach the goal of cultural competency and racial diversity a part-time staff member that provides resources is vital to support minority students. The staff member should acknowledge and serve many minority groups in some capacity. The coordinator can also help build inter-departmental partnerships to build community for students of color.


