



Barriers to and Facilitators of Dietetics Education among Students of Diverse Backgrounds: Results of a Survey



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THE UNITED STATES IS PROJECTED to become a majority-minority nation for the first time in 2043.^{1,2} Hispanic and Asian populations are expected to experience exponential increases by 2060, while smaller increases are anticipated within the African-American, American-Indian, and Alaskan-Native populations.¹ The resulting patient base will increase demand for a racially and ethnically diverse health care workforce capable of providing time-sensitive, individualized health care that meets patients' expectations and accounts for literacy, language abilities, and levels of acculturation and assimilation.³ Failure or inability to competently address these issues could result in bias, poor patient-provider relationship, worse health outcomes, and low patient compliance, which ultimately combine to exacerbate existing health care disparities.⁴

The Academy of Nutrition and Dietetics, like other health professional organizations, has recognized the need for the dietetics profession to parallel the nation's increasing racial and ethnic diversity. During the last 2 decades, the Academy has implemented several initiatives, such as the Diversity Mentoring toolkit,⁵ Member Interest Groups (MIGs), and extensive cultural competency resources, to enhance the diversity of its membership and the dietetics workforce.⁶ Despite these efforts, only 9% of registered dietitian nutritionists (RDNs) and nutrition and dietetics technicians, registered (NDTRs) are nonwhite, including 5% Asian, 3% African American, and 1% other, with 4% of Hispanic heritage.⁷ The lack of diversity begins early; according to the 2015 Accreditation Council on Dietetic Education and Nutrition's Dietetics Education Program Statistics, only 31% of dietetics students in any program type were nonwhite. Although there has been a 133% increase in the number of Hispanic students and an 85% increase in Asian/Pacific Islander students enrolled in dietetics programs since 1998, the gains among African-American and Native-American students have been much smaller (4% and 41%, respectively) (personal communication, Accreditation Council on Dietetic Education and Nutrition, March 2016). Several studies have noted a similar disparity in the demographics of other health professions.⁸⁻¹⁰

The Academy's Council on Future Practice, which is charged with setting the direction for the future of the profession, has reiterated the need to find new and innovative ways to recruit and retain students of diverse backgrounds and those underrepresented in dietetics education programs, as well as

ensure their adequate educational preparation for professional careers in dietetics.¹¹ These practitioners may be more likely or willing to work in underserved communities to which they belong and therefore provide care relative to patients' cultural norms, values, belief systems, and behaviors. Patients, in turn, are also likely to indicate higher satisfaction and greater compliance when their health care providers are from the same ethnic background.¹²⁻¹⁴ At the organizational level, RDNs from diverse and underrepresented groups can be excellent role models, providing mentorship as well as informing policy decisions in dietetics education and practice.

To this end, dietetics educators and clinical preceptors play a critical role in ensuring adequate academic training, mentoring, internship and volunteer experiences, and encouraging students to be involved in dietetics-related organizations that lead to professional success. Pipeline programs can serve as a vehicle to ignite an early interest in students from underrepresented groups at the kindergarten through grade 12 level by giving them opportunities to learn about the profession and its academic requirements early on. "The pipeline for ensuring the training of students from diverse cultures rests largely within academia and, therefore, providers of dietetics education play a crucial part in providing training and opportunities for cultural awareness that ultimately reduce health disparities."¹⁵ Dietetics educators can facilitate this by serving as mentors and role models and generating early interest in a dietetics career among students of diverse backgrounds.¹⁶ Development of such programs necessitates an awareness of student perspectives on facilitators and

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Table 1. Final scales developed for a survey on barriers and supports in dietetics education administered to Academy of Nutrition and Dietetics student members and Member Interest Group members in summer 2015

Scale/construct name	No. of items	Items	Cronbach's α
DPD ^a faculty support	5	I received adequate mentoring. I spent adequate time networking with professionals in the field of nutrition and dietetics. I had adequate opportunities and contacts for networking with professionals in the field of nutrition and dietetics. I felt empowered to go to my program director for guidance. I felt welcomed by faculty.	.806
DPD peer support	3	I was supported by family and friends in my decision to enter the profession of dietetics. I was supported by classmates/peers in my decision to enter the profession of dietetics. I felt welcomed by classmates/peers.	.761
DPD financial support	3	I had to use student loans. ^b I had to work. ^b I had financial worries. ^b	.725
Faculty support during supervised practice application	5	I received adequate support from faculty of my DPD in preparing for the DI ^c application process. I had enough professional contacts to obtain recommendation letters for DIs. Faculty members helped me determine who were good contacts for recommendation letters. I received adequate help from faculty members in applying for DIs. During the DI application process, I felt comfortable going to my DPD director for clarification.	.877
Fairness of supervised practice application/selection	5	Race/ethnicity plays an important role in the selection of students for DI programs. ^b The race/ethnicity of DI directors and preceptors impacts the selection of internship applicants for DI programs. ^b The level of cultural competency of DI directors and preceptors makes a difference in the number of internship applicants of my race that are accepted into DI programs. ^b Faculty of DPDs provide less preparation to students of my race/ethnicity regarding the internship application process. ^b Students of my race/ethnicity receive lower-quality faculty recommendation letters written for DI applications. ^b	.827
Internship barriers	9 (max score=18)	High cost of DI programs. Inability to relocate to a different geographical location. Family obligations. Limitation of the spots available. No stipends or scholarships available for living expenses during DI.	.716

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