Academy of Nutrition and Dietetics

Stories We Can Learn From:

Cultivating Health Equity in Dietetics

The **Population Health Change Driver Brief** from the Academy's Council on Future Practice urges RDNs and NDTRs to shift the focus from volume-based metrics to patient-centered care to address health disparities and promote health equity. Patient-centered care considers all known determinants of health and their connection with health outcomes, including overt and implicit individual, interpersonal, community, or societal discrimination and/or structural barriers to health. Addressing health disparities while prioritizing patient-centered care means acknowledging the systemic discrimination and the inequitable distribution of resources that underlies them and confronting both explicit and implicit biases in healthcare.

The real stories below are just a few examples of discrimination built into systems, policies, and environments that impact real people. This is only attainable if we listen to, learn from, and share our lived experiences and think through solutions collaboratively. Readers are encouraged to share this document with their colleagues and organization.

Real Story: Bus Rides with Instant Noodles

An RDN was working with a single mother who received SNAP benefits. She worked multiple jobs to make ends meet and relied on public transportation to get around. During her first meeting with an RDN, she was advised to incorporate more fresh fruits, vegetables, and whole grains into her diet, and the RDN gave many examples of low cost options. During the second visit she informed the RDN that she had not been able to follow through on the recommendations and the RDN instantly felt puzzled and a little frustrated. She mostly relied on foods like chips and instant noodles, and explained that it took multiple bus lines to get home from the grocery store, including a long walk back to her apartment with her young child. She could only buy foods that were lightweight and could fit on her lap.

Hidden Discrimination and Potential Solutions

The RDN had not thought about these factors and barriers before, and how the size and weight of foods are important details for someone living in these circumstances. This story shows the need for systemic changes within the profession to think about how science can adapt to people, rather than trying to adapt people to science.

Potential solution: Institutional solutions that address these barriers (e.g., grocery delivery through SNAP benefits or access to a backpack or lightweight rolling hand cart) are needed before recommendations from RDNs and NDTRs are likely to be implemented. The RDN should research local resources available for this person to assist in gaining access to healthy food.

*This is a supplement to the change driver brief from the **Academy of Nutrition and Dietetics Council on Future Practice** to expand on the inclusion, diversity, equity, and access (IDEA) elements of **population health**. It was developed in collaboration with the **Academy's IDEA Committee**. Learn more about environmental scanning for change drivers and trends **here**.*

Real Story: Weight Bias and Mistrust

A dietetic intern was asked by a bariatric surgeon to speak with someone in the hospital for a knee injury, to counsel them on weight loss and "try to convince them" to have bariatric surgery. The intern felt pressured to follow through on this request from the surgeon. The patient burst into frustrated tears as soon as the intern mentioned surgery as they had told the bariatric surgeon multiple times they were not interested, and they simply wanted to focus on recovering from their knee injury. The intern empathized with the patient and was horrified the surgeon did not share these past discussions with the intern or include them within the chart.

Hidden Discrimination and Potential Solutions

Unequal power dynamics within the healthcare team is a systemic issue that can directly influence a patient's experience with the health system. We see weight bias by the surgeon, especially since the patient has already expressed her wishes. Being misheard and harassed by the health professionals around her further perpetuates the patient's mistrust, and will influence decisions to seek care in the future.

Potential solution: Dietetic educators and preceptors should train students and interns on unequal power dynamics in the workplace, how to handle them, and who to go to for trusted advice. The health system should consider mandatory implicit bias training to avoid situations like this.

Real Story: Physical Barriers to Care

Administrators of a Senior Center noticed significant differences in two of their clinic appointment no-show rates. Appointment keeping rates were much higher for Clinic A, which was far from the Senior Center. This center provided a driver and van to take the seniors to Clinic A. Seniors' (especially those with disabilities) attending Clinic B had lower appointment keeping rates despite the clinic being across the street from the center. After talking to some seniors at both clinics, the RDN discovered that the street between Clinic B and the Senior Center was busy with fast cars and the traffic light was of short duration, impeding the seniors' ability to get to the clinic.

Hidden Discrimination and Potential Solutions

The environment of the busy street and lack of consideration to the timing of the traffic light are structural barriers for these individuals that administrators assumed incorrectly could be navigated. One determinant of health relevant to this population is mobility, influenced by both general age as well as higher likelihood of disabilities. This can affect virtually every aspect of how individuals live their lives, not just how they access care and healthy food.

Potential solution: Engage in active listening with patients to understand their current situation and struggles within their lived experiences, and encourage this practice throughout the institution. This allows for more complete and patient-centered recommendations to overcome barriers.

Real Story: Cultural Humility

A diabetes educator (non-RDN) in an acute care facility was assisting a Gujarati patient, originally from India, with Diabetes Self-Management and Education. The educator found the patient's request for a meal plan reflecting their cultural background challenging, lacking expertise and resources. After consulting with an RDN, it became clear the request was reasonable for the patient's well-being. The RDN, recognizing this importance, connected with a colleague familiar with the family's cultural preferences, providing support that was appreciated by the patient and her family.

Hidden Discrimination and Potential Solutions

The diabetes educator became aware of their own lack of knowledge regarding cultural foods and implicit biases toward their own familiar diet patterns.

Potential solution: To avoid similar scenarios in the future, the health system should consider mandatory implicit bias training across its diverse workforce, an implementation plan for appropriate referrals to RDNs, and a plan to develop and update culturally relevant educational materials, by leveraging their employees' expertise, experiences, and inputs. The RDN should also consider notifying administrators at the facility of the incident.

How to Cultivate Health Equity in Dietetics

The following are examples for RDNs and NDTRs to consider; visit the Academy's IDEA hub for more resources, including the Academy's IDEA Action Plan.

- Take Harvard University's Implicit Bias Test and Georgetown University's Cultural and Linguistic Competence Health Practitioner Assessment.
- Familiarize yourself with the Guidelines, Recommendations, Adaptations, Including Disability (GRAIDs) Tool.
- Review the Racial and Ethnic Health Disparities and Chronic Disease Issue Brief.
- Enroll in an advanced IDEA training, like this one for Academy Leaders (available free for all Academy members).
- Refer an undergrad, grad student or intern for a Foundation scholarship.
- Host a journal club with JAND article(s) from this IDEA collection; CPE credits might apply.
- Discuss respectful terminology at an upcoming staff meeting, including how quickly language changes.
- Learn about strategies to address implicit biases by utilizing the NDEP Preceptor Toolkit.
- Engage with the Academy's DPGs and MIGs to increase discussion within the profession.
- Subscribe to the Academy's Nutrition Care Manual, which incorporates a number of translations and cultural diversity resources to customize nutrition recommendations for patients and clients.
- Familiarize yourself with the latest practice resources on caring for patients within the LGBTQ community, like this webinar through the Academy.

If you have additional ideas and resources for RDNs and NDTRs, please reach out to the Academy's IDEA Committee at diversity@eatright.org.