

BASTYR UNIVERSITY
DEPARTMENT OF NUTRITION AND EXERCISE SCIENCE

ACADEMY OF NUTRITION AND DIETETICS DIVERSITY STRATEGY
APPLICATION AMONG ACCREDITED NUTRITION PROGRAMS

A thesis submitted in partial fulfillment of
the requirements for the degree of
MASTER OF SCIENCE
IN
NUTRITION

BY
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ACADEMY OF NUTRITION AND DIETETICS DIVERSITY STRATEGY

APPLICATION AMONG ACCREDITED PROGRAMS

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DEDICATION

This thesis is dedicated to my husband and sons. Their understanding, support, and belief in me have enabled the completion of this work. I also dedicate this thesis to all nutrition professionals, the Academy of Nutrition and Dietetics, the Accreditation Council on Education in Nutrition and Dietetics, the Commission on Dietetics Registration, and advocates of social justice.

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ABSTRACT

ACADEMY OF NUTRITION AND DIETETICS DIVERSITY STRATEGY
APPLICATION AMONG ACCREDITED PROGRAMS

By Ronona D. Crowder-Woods

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The Academy of Nutrition and Dietetics (AND) pinpointed increasing gender and cultural diversity of its members 5% by year 2020 as a top strategic goal. The AND Diversity Strategic Plan assigned five tasks as part responsibility of the Accreditation Council for Education in Nutrition and Dietetics (ACEND), an autonomous agency. ACEND accredits education programs for careers as registered nutritionist dietitians and registered nutrition and dietetic technicians, the membership base of AND. This study sought to identify the application and effectiveness of ACEND programs at incorporating AND's strategic diversity goal.

An online questionnaire was sent to 566 nationwide program directors asking information on program demographics, program mission and goal statements, and efficacy of gender and cultural recruitment methods. Unidentifiable data collected over eight weeks produced 122 valid responses which were analyzed using comparative and descriptive statistics.

Results of the questionnaire reveal Dietetic Technician (DT) programs were remarkably more gender and culturally diverse out of the four nutrition program types but were incredibly fewer in number with a looming threat of elimination. The successful diversity of DT programs positively correlates to higher mandatory diversity training occurrences, a greater number of support from diversity offices/positions, and increased attendance at recruitment events targeting underrepresented groups. However, overall results imply ACEND programs wholly are not in alignment with AND's diversity strategic goal.

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LIST OF ABBREVIATIONS

Abbreviations

ACEND	Accreditation Council for Education in Nutrition and Dietetics
ADA	American Dietetic Association
AND	Academy of Nutrition and Dietetics
CADE	Commission on Accreditation for Dietetics Education
CDR	Commission on Dietetic Registration
CP	Coordinated Program in Dietetics
DI	Dietetic Internships
DLP	Diversity Leadership Program
DPD	Didactic Program in Dietetics

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LIST OF ABBREVIATIONS

Abbreviations

DT	Dietetic Technician Program
FNCE	Food and Nutrition Conference and Expo
HBCU	Historically Black Colleges/Universities
HOSA	Health Occupations Students of America
MESA	Mathematics Engineering Science Achievement
MIG	Member Interest Group
NDTR	Nutrition and Dietetic Technician, Registered
RDN	Registered Dietitian Nutritionist

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CHAPTER 1: LITERATURE REVIEW

For Registered Dietitian Nutritionists (RDNs) to remain relevant in effectively addressing the needs of an increasingly diverse population, the Academy of Nutrition and Dietetics (henceforth, “Academy”) pinpointed growing the cultural and gender diversity of its membership as one of its top five strategic goals.¹ While recently celebrating surpassing 100,000 memberships, 85% of that membership was comprised of white females.² This is in stark contrast to present day United States (US) demographics in which 34% of the population are classified as non-white,³ and expected to swell to 51% in just three decades.⁴ Also noteworthy, the Academy membership is currently 5% male⁵ and does not represent the current US demographics either.

Healthy People 2020 states that access to care varies based on race, ethnicity, socioeconomic status, age, sex, disability status, sexual orientation, gender identity, and residential location. Within these categories were found significant disparities with all levels of access, which is defined as "the timely use of personal health services to achieve the best health outcomes," with the requirement of finding a health care provider whom the patient trusts and can communicate with (i.e., a personal relationship). Such disparities create barriers that impact overall physical, social, and mental health status and quality of life due to lack of availability of services and lack of culturally competent care. These barriers lead to unmet health needs, delays in receiving appropriate care, inability to get preventive services, financial burdens, and preventable hospitalizations. The suggested remedy is that future efforts will need to focus on the deployment of a

primary care workforce trained to provide culturally competent care to diverse populations.⁶

The US Department of Health and Human Services (HHS) released the Secretary's Task Force Report on Black and Minority Health (also known as the Heckler Report). This 1985 report documented the existence of health disparities among racial and ethnic minorities in the United States and called such disparities "an affront both to our ideals and to the ongoing genius of American medicine." As a response, the Office of Minority Health was created in 1986 with the mission to improve the health of racial and ethnic minority populations through the development of health policies and programs that will eliminate health disparities.⁷ Currently, it houses the nation's largest repository of information on health issues specific to African Americans, American Indians and Alaska Natives, Asian Americans, Hispanics, Native Hawaiians and Pacific Islanders, and offers a variety of information resources.⁸

It is from this office that the term cultural competency was defined as "a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals enabling them to work effectively in cross-cultural situations." This definition used in a 2007 study by Amy Knoblock-Hanh et al., explains the Institute of Medicine found that even when factors such as insurance and income were controlled, racial and ethnic minorities received lower quality health care than non-minorities and that stereo-typing and biases contributes to lower quality of health care. This provides further evidence towards the fact that health care provided to minority populations is not always culturally relevant or appropriate⁹.

Recognizing the importance of providing culturally competent care, many accrediting bodies of training programs for health professionals implemented curricula related to cultural competency. The College of Nursing produced nine specific competencies for developing cultural competence in nursing students.⁹ The Association of Schools of Public Health has ten specific competencies aimed at developing cultural competence for Master of Public Health (MPH) students.⁹ Medical schools require documented objectives related to cultural competence and that students must “learn to recognize and address gender and cultural biases in themselves and others.”⁹ In dietetics, the Commission on Accreditation for Dietetics Education (CADE) released dietetics curriculum accreditation standards that require dietetics students to be “provided opportunities” to develop cultural competence.⁹ A decade, an organizational name change, and revisions later, dietetics curricula regarding cultural competence essentially remains the same.

The Accreditation Council for Education in Nutrition and Dietetics (ACEND), formerly CADE, is the Academy’s accrediting agency for education programs leading to careers as RDNs and NDTRs. As of this report, there were 577 programs accredited by ACEND.¹⁰ This agency is recognized by the US Department of Education and retains administrative autonomy, which means that ACEND is not accountable to any other agency in decision making or goal accomplishments.¹¹ Another officiating body involved in the profession of dietetics is the Commission on Dietetic Registration (CDR). It has sole and independent authority in all matters pertaining to certification, including but not limited to standard setting, establishment of fees, finances and administration. Its role as the credentialing agency and organization unit of the Academy is to serve the

public by establishing and enforcing standards for certification, recertification and the Code of Ethics by issuing credentials to individuals who meet these standards.¹²

To be eligible for full membership in the Academy, one must be a credentialed nutrition and dietetic technician, registered (NDTR) or registered dietitian nutritionist (RDN). To become credentialed as a NDTR, one must complete an associate degree within an accredited dietetic technician program (DT) which includes supervised practice for NDTR exam eligibility, and then successfully pass the NDTR exam. Credentialing as a RDN requires passing the registration exam for dietitians after successful completion of one of two routes: 1) an accredited coordinated program in dietetics (CP) at the bachelor or graduate level that includes both coursework and supervised practice; or 2) an accredited didactic program in dietetics (DPD) at the bachelor or graduate level and competitive acceptance and completion of an accredited, 1,200-hour dietetic internship (DI) spanning 8 to 24 months, depending on the nature of the DI¹³. Matching to an internship is difficult oftentimes due to the limited number of preceptors and internships available. An additional difficulty in completing an internship may be due to financial constraints. A handful of programs offer stipends, but most range in cost from \$6000 to more than \$30,000.

All of this involves the coordination of the aforementioned autonomous entities, ACEND and CDR. Therein lies the barrier. Although ACEND is the agency providing the membership base for the Academy, it is not directed by nor is it responsible to the Academy. The Academy's priority goals, especially regarding racial and gender diversity, may not necessarily be received as ACEND's priority goals.¹⁴ This also holds true for the CDR.

Nearly three and a half decades ago, the Academy became aware of the need to culturally diversify its membership base. In 1984, the American Dietetic Association (ADA, currently the Academy of Nutrition and Dietetics) published the summary and recommendations of the previously completed Study Commission on Dietetics. In this summary, under the “Manpower, present and future” heading, the number two recommendation reads, “ADA...should work actively to recruit minority and male students to the profession.” In the second paragraph prior to this recommendation, the explanation revealed that, “intervention is needed...the profession is overwhelmingly female and white...” The paragraph goes on to state that even though no restrictions had been made to exclude other groups, no effective recruitment had been done either.¹⁵

Nineteen years later, an article printed in the ADA’s journal mentioned the recent census report and how dramatically the US demographics were changing.¹⁶ An acknowledgement was made towards higher education regarding the challenge it would be to closely match the diversity of graduates with the rate of the increasingly diverse population. The article reported that the ADA’s culturally diverse membership in 1999 was at 10% and the female gender was at 97.4%. The author states, “Men are an extremely underrepresented group in the profession and should be a major target of diversity efforts.” The observation made was validated as the author quoted an ADA diversity mentoring project steering committee statement on how diversity in dietetics is necessary to provide access to quality healthcare because diet is pivotal in the prevention of chronic diseases. The statement continues that treatment must be appropriate for diverse populations because they are at the highest risk. The ADA committed to increase “diversity in educational preparation” with the goal of increasing membership diversity

to 25% by 2004 matching the US population.¹⁶ A plan to accomplish this would be to focus recruitment on the two smallest percentages of their membership, African-Americans and men.

Eight years later, a 2012 article asked, “How diverse is the dietetics profession?” The response was 14.7% non-white and/or male; the profession still remained predominantly white and female.² Reasons in the article state that although there had been gains in students enrolled in dietetic programs, “the percentage of ethnic diversity...remained stagnant.” The proportion of Hispanic and Asian students increased while the proportion of Black and male students decreased. Also, the disparity in dietetic internship program acceptance of minority students was noted. The author encouraged using an “educational pipeline” focused on recruiting and retaining diverse students as a way of increasing the percentages of diversity in membership. These students likely would return to practice in racial and ethnic communities that are medically underserved thereby decreasing the rates of long-standing disparity in healthcare. The article recounts that in 1998, the ADA recognized academics as a path to increasing membership diversity. They made a 6-year commitment of increasing diversity in educational preparation of underrepresented groups by 5%.

A slew of supporting activity followed with the development of the Diversity Mentoring Toolkit (2001), creation of Member Interest Groups (MIG), financial grants and awards geared towards increasing cultural diversity, and supplying cultural competency resources.² The ADA firmly believed, “committed participation within academia is crucial for addressing the low percentages of diversity in dietetics.”² In

contrast, the dental profession was succeeding in increasing their ranks of underrepresented minorities using a pipeline program.

The educational pipeline in general terms is an integrated system of institutions, from primary schools to universities, that seeks to attract student to college with a goal of augmenting the percentage of skilled, knowledgeable individuals in the workforce.² The assumption was that this could work in the dietetic field as well. The author summed up the article stating that dismantling barriers and expanding diversity, “cannot be a responsibility that falls on the member organization alone. Attempts must reflect a collaborative effort that involves an extensive list of stakeholders, including...accreditation agencies.”²

Dr. Evelyn Crayton, then president of the Academy of Nutrition and Dietetics (“Academy”) formerly known as the ADA (name change occurred in 2012), opened the 2015 Food and Nutrition Conference and Expo (FNCE) with a statement about the cultural diversity of registered dietitian nutritionists (RDNs). The percentages were still single digits for each underrepresented group. RDNs of Asian descent had the highest at 5%, Hispanic RDNs were 4%, African-Americans and male RDNs were each 3%.¹⁷ She reminded the audience that part of the Academy’s Strategic Plan is to create greater diversity in the nutrition profession and in membership. Her words of encouragement were to continue working towards more inclusivity and diversification.

The following FNCE conference in 2016 had a similar tone. As the Academy approached completion of its first century, then-incoming president Ms. Lucille Beseler applauded the host of women who courageously established and kept this organization flourishing. However, she mentioned that men only made up 5% of the membership and

that the Academy “encourages, seeks, and welcomes men.”⁵ She left the audience with this thoughtful message, “A health profession must look like the public it serves to remain strong, trusted and aware of the challenges and needs of a diverse population.”⁵

The Diversity Strategic Plan: Objectives and Tactics 2015-2020 (Appendix A) was drafted by the Diversity Committee and adopted for implementation by the Academy.^{18,19} Within it, responsible groups are given specific tasks to be implemented at various times. The five assigned tasks for which ACEND are held responsible, their implementation dates, and measurable outcomes have been extracted for clarity and are as follows:

Task #1: Offer cultural competency education opportunities and resources specifically for educators aimed at enhancing their ability to recognize and work with the cultural differences and challenges minority students face, including:

1. 1st generation college students
2. Those working while in school
3. Those with family responsibilities outside of school

Measurable: Add one new cultural competency focused resource specifically for educators, every year.

Implementation: January 2016

Task #2: Create relationships between the Academy and external existing programs aimed at preparing and educating pre-college students in science fields, such as the Science Olympiad or STEM universities.

Measurable: Achieve Academy representation with two external programs aimed at preparing and educating pre-college students in the science fields with an emphasis on building awareness of the dietetics profession.

Implementation: May 2016

Task #3: Create relationships between the Academy and external existing programs aimed at preparing and advancing minority students in science related fields such as the National Society for Minorities in Agriculture, National Resources, and Related Sciences (MANRRS).

Measurable: Establish a relationship with one external program with an emphasis on building awareness of science fields related to the dietetics profession.

Implementation: May 2016

Task #4: Create relationships between the Academy and minority serving institutions to strengthen dietetic internship placement and the passage rates on dietetics related exams.

Measurable: Increase the percentage of diverse students who are matched to internships and pass the RDN exam by 5%.

Implementation: May 2016

Task #5: Partner with organizational units, other non-profits, members, NDEP and ACEND programs to benchmark and develop successful pipeline programs to attract qualified minority candidates to ACEND programs offering the key components of:

1. Academic enrichment, particularly in math and science programs
2. Admissions process preparation
3. Mentoring and offer of professional opportunities
4. Provision of financial and psychosocial support

Measurable: Launch a new pipeline program; Increase diversity related grant program submissions by 50%. Increase the diversity of students enrolled in ACEND-accredited dietetics programs by 5%.

Implementation: January 2017

The logic follows in this manner. For the Academy's cultural and gender diversity quest to become a reality, it needs the complete acceptance and cooperation of the ACEND accredited programs. Since ACEND has the authority over these programs, its collaboration would heavily influence adherence of their programs to the Academy's suggestions. This study sets out to help discover if ACEND's support, or lack thereof, is a contributing factor for increasing the Academy's growth of culturally and gender diverse members.

There have been numerous articles written and task forces established promoting, strategizing, and aiming at increasing cultural and gender diversity in the Academy. The message is being made loud and clear, yet the membership proportions barely budge. At a certain point, the question arises as to where this message is failing.

Specific aims of this study seek to identify the application and effectiveness of the present nationwide accredited programs in incorporating the Academy's strategic goal of increasing cultural and gender diversity. This will be accomplished through:

Aim 1: Compare current demographics of ACEND programs to the AND goal

To create a present-day visual representation of students currently enrolled in the accredited programs to determine if there is any gain of culturally and gender diverse candidates.

Aim 2: Examining diversity language in the program mission and goals

To determine if the language used in the Academy's diversity strategic goal (with a vision, mission, and definition) is reflected in the mission, goals and objectives of accredited dietetic education and supervised practice programs.

Aim 3: Gathering information about program methods used to increase diversity

To discover what techniques are being used by accredited programs to increase the cultural and gender diversity of their student base.

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CHAPTER 2: RACIAL AND GENDER DIVERSITY IN ACEND PROGRAMS

Question:

How are nationally accredited dietetic programs implementing the strategic goal set by the Academy of Nutrition and Dietetics of increasing cultural and gender diversity?

CHAPTER 2.1: BACKGROUND

Answering a question which entails two separate entities, where one relies on the other for accomplishment of its goal with a politically sensitive subject, should comprise carefully thought-out approaches. In systematic organizations, many processes work together in concert that necessitate dissection, interpretation, and appraisal. An evidence-based approach is the foundation of this study and the most credible way to create change. Therefore, the following three aims were strategically formulated to extract pertinent information attempting to reveal awareness, attitudes, and data to resolve this inquiry.

Specific Study Aims

Aim 1: Compare current demographics of ACEND programs to the AND goal

The purpose of this aim is to create a present-day visual representation of students currently enrolled in the accredited programs to understand if there is any gain of culturally diverse candidates and male students. Students considered culturally diverse are any members of ethnic groups that self-identify as other than “White”. The

development of this aim stems from the belief that you must know where you are starting to know where you are going. The AND goal discusses attaining members who represent their communities; therefore, the last census will serve as the comparison. Specific questions are asked of the program director on her awareness of the AND diversity goal.

Gathering the information for this aim will require questions to understand the characteristics of the ACEND program. Basic inquiries into geographic location and program types (i.e. Dietetic Technician, Coordinated Program, etc.) are to provide deeper analysis into those characteristics. Querying the generation era of the director further illustrates experiences and possible thought patterns.

Program Directors already submit an annual report to ACEND which documents the demographics of their programs. Attempting to minimize confusion, the same ACEND terminology was used in the querying regarding racial categorization (i.e. Asian Female, Undefined Male, etc.). Demographic questions were asked about the directors, their faculty, and the students to illustrate the diversity of their environment and determine if there are correlations between those groups.

Realizing certain programs could create outlying evidence, questions relating to the type of student base their institution serves were included. For example, an institution accepting only female applicants would explain why there are no male students reported on its questionnaire. Similar questions were asked about the institution of whether it was religion, ethnic, or alumni based. Also, knowing if an institution is designated by the U.S. Department of Education as a Historically Black College/University (HBCU) would provide additional insight relating to possible skewed demographics.

Aim 2: Examine diversity language in the program mission and goals

Given that AND created a diversity strategic goal containing a vision, mission statement, and objectives to be implemented in 2015, it would be of interest to examine if that same language carried over into that of the accredited programs mission statements. Similar language in mission statements will show the programs are informed and following along with the diversity goals of AND. If they are not, it is conceivable that the diversity goal has not been properly disseminated and/or is not transparent enough and/or is not enforceable.

A mission statement is a program requirement of ACEND; therefore, it would not be an unusual request. Examining the wording of the program's mission statement would reveal the philosophical view of the program staff and feelings regarding their purpose. Additionally, investigating whether the ACEND programs have developed diversity goals of their own demonstrates awareness of the AND diversity message.

The language of a mission statement is fundamentally important because it determines the direction, goals, and objectives of that program. Goals create actions to which objectives are measured. Actions such as annual mandatory diversity trainings, cultural competency assignments meshed within program courses, Diversity Leader Program graduates, Diversity Mentors, and MIG memberships become results. Real objectives are receipt of AND awards such as the Diversity Mini-Grants, Diversity Promotion Grant, and/or the Diversity Action Award. The Academy established these awards and grants to recognize, subsidize incurred expenses, and encourage nutrition education programs to actively recruit underrepresented students.

Aim 3: Gather information about program methods used to increase diversity

The point of this aim is to discover what techniques are being used by accredited programs to increase their cultural and gender diverse student base. Examining how institutions recruit and retain culturally and gender diverse dietetic candidates will show their efforts towards attaining the AND diversity goal. Successful and creative techniques discovered can be shared on a national basis for other programs to utilize.

Queries on recruitment venues, especially those suggested in the AND diversity goal, will evidence effectiveness of diversifying the program's student base. Knowing if the institution provides a diversity position or office shows necessary support for recruiting and retaining gender and culturally diverse students. Utilizing MIGs for obtaining advice, assistance, and cultural learning aids can lead to partnerships which foster mentorship that extends beyond the program onto the students.

ACEND provides leadership and directs how their programs operate. If it were to provide diversity support to those programs, what would those programs want? An inquiry to the program directors was created to provide such an answer regarding their preference for guidance from ACEND.

CHAPTER 2.2: METHODS

An online questionnaire (Appendix B) was administered using the RedCap™ program. Program Directors of the Accreditation Council for Education in Nutrition and Dietetics (ACEND) programs within the United States of America were sent an email invitation to participate; but no identifying information was collected. Programs that

relinquished their accreditation and were not accepting new candidates in the 2017-2018 academic year were excluded from the analyzed data. Responses from all other program statuses (i.e. probationary, preliminary, current, etc.) were included in the analyzed data.

Participants

Participants invited to take part in this study were current nationwide program directors of ACEND programs accredited through the 2017-2018 academic year. This was the sole required criteria. Program Director contact information was obtained through the public access portal for the ACEND accredited institutions webpage on the EatRight.org website.¹⁰ No other personally identifying information was collected. There were 566 qualified ACEND accredited programs as of October 7, 2017, which translated into 566 program directors intended to be surveyed.

Special access, setup, or location were not necessary to complete the questionnaire. It was assumed that the participants already had everything needed by virtue of their professional position, including the information they are required by ACEND to collect on an annual basis. The implied resources required included a valid professional email address, an internet connected device capable of operating the RedCap™ questionnaire, and the most recent annual ACEND report.

Questionnaire Development

A unique questionnaire (Appendix B) needed to be created because no existing validated ones were discovered. This provided an opportunity to ask specific questions geared towards the three aims of this research. A bank of 46 original questions were

developed; but some were reworded, and others eliminated due to redundancy or providing extraneous information. Averaging 15 seconds per answer, 29 questions were assembled that supported the information sought to answer the three research aims. It was important to provide text boxes for input of program mission statements, strategic diversity goals, explanation for “other” marked questions, and wherever possible for “catch-all” purposes. Also, participants had an opportunity to include any additional information they deemed useful to this study at the end of the questionnaire (Appendix C).

The questionnaire was arranged into five sections of related questions to facilitate flow and sensibility. Section one asked four questions about the program’s director such as the program type directed, self-identified racial and gender category, age group, and cultural MIG affiliation(s). Section two contained three queries to be answered from information on the program’s most recent ACEND annual report submitted (2016 or 2017). These questions included the year the report was filed and the quantity of students in the twelve self-identified gender and racial categories. Section three consisted of four questions seeking the characteristics of the program’s institute like scheduled diversity training, U.S. Department of Education designation, and recruitment. The fourth section of the questionnaire was the longest with twelve questions which sought information on diversity support provided by and for the program. Questions included cultural competency opportunities for students, underrepresented student mentorship, recruitment and retainment of underrepresented students, program diversity goal, and preference for ACEND support. The fifth and final section intended to understand the program’s characteristics within six inquiries. Text boxes were provided for input of the program’s

mission and vision statements. Program geographic location was asked along with the quantity of faculty who self-identified with one of the twelve gender and racial categories and faculty affiliation to any ethnic MIG(s). The questionnaire concluded with a text box for submitting comments, suggestions, and/or observations.

Procedures

Face validation testing of the questionnaire was requested of five academic professionals. Two ACEND program directors (DI and DPD) performed a mock testing on a hardcopy of the questionnaire and provided helpful feedback on wording and structure of questions along with the time it took to complete. Two additional nutrition department faculty tested and gave feedback. One psychology department faculty tested and gave feedback on the wording and structure of the qualitative portions.

Upon completion of testing, validated questions were uploaded into the RedCap™ program. Graphics, supporting documents, and website links were positioned within the questionnaire for information pertaining to that section or question(s). Again, the electronic questionnaire was tested among a few volunteers and adjusted according to feedback.

The resultant online questionnaire consisted of 29 questions (Appendix B), excluding branching logic. This finalized version was submitted in a research proposal to the authorizing Internal Review Board for approval. With approved status gained, the questionnaire was converted from the development mode into an active status in preparation for dissemination.

The email addresses of eligible participants were collected from the ACEND public access portal listing the current accredited institutions and their program director contact information. The email invitation sent contained the questionnaire link along with an introductory message explaining its purpose and instructions on how to complete it, resources helpful to completing the questionnaire, and who to contact for support issues. Upon opening the questionnaire, participants provided their informed consent by clicking the approval box on the first page before being allowed to continue.

The questionnaire was active approximately eight weeks from November 6, 2017 through December 31, 2017. Every two weeks a reminder email, containing the same original message and questionnaire link, was distributed automatically as programmed in RedCap™ to email addresses not showing a completed status. This prompt occurred on three occasions during the active questionnaire period.

Upon closure of the questionnaire, the complete bank of response data was downloaded into a statistical data program and onto an Excel spreadsheet for analysis. Program types were sorted and grouped together on separate tabs of the Excel spreadsheet enabling deeper analysis and making visible apparent characteristic data patterns of each program type.

Incomplete questionnaires were reviewed for content and only excluded if there were no entries. Inputs from partially completed questionnaires were included up to the section no further entries were found. Any missed or blank entries from completed questionnaires were excluded from the analysis and tally of results for that entry. Inputs for “undefined” ethnicity were considered “non-White” and counted as such for those tallies.

Measurements

Responses were analyzed using comparative and descriptive statistics. Text responses were further evaluated utilizing qualitative methods to realize elemental themes. The Statistical Package for the Social Sciences (IBM SPSS Statistics for Windows, Version 25.0. Armonk, NY: IBM Corp.; 2017), was used in analyzing the quantitative data. Most of the statistics used were done manually using a standard calculator. Graphs, tables, and drawings were created to visually illustrate the outcomes from the analysis.

CHAPTER 2.3: RESULTS

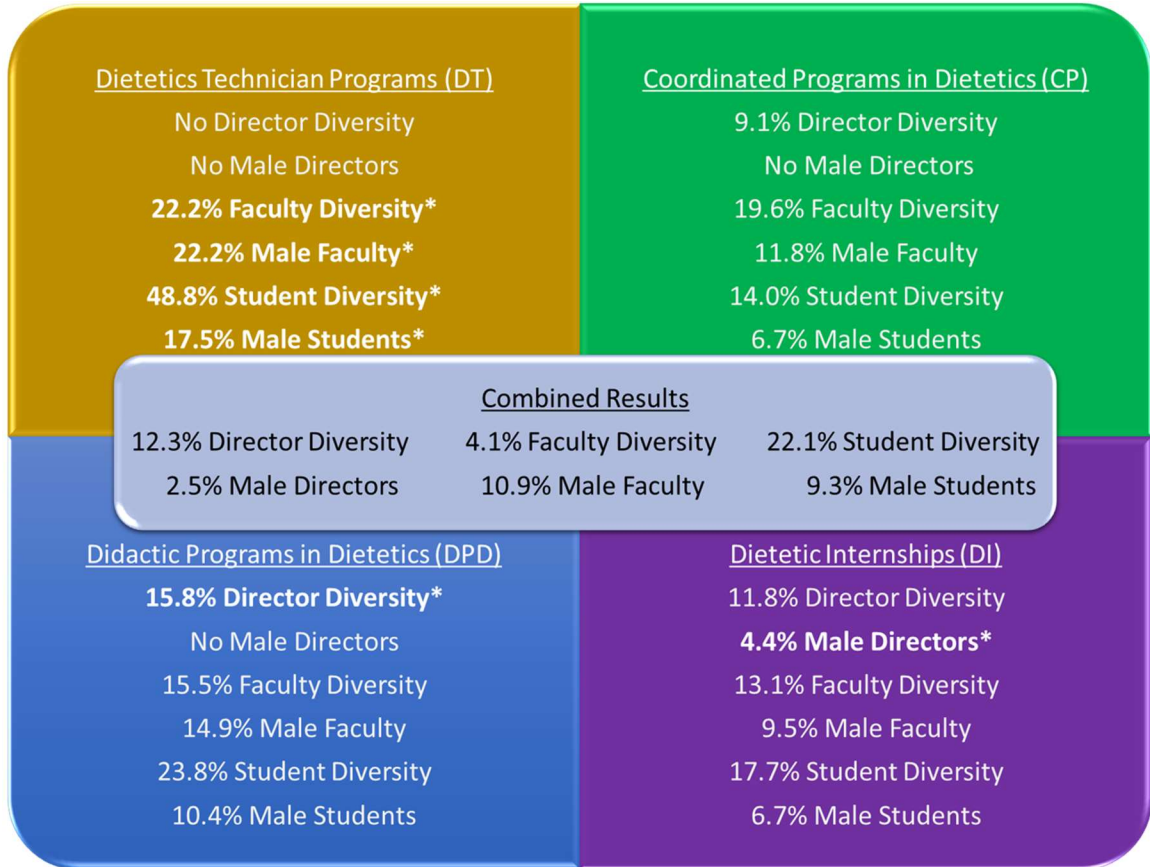


Figure 2.1-Results at a Glance

Figure 2.1 shows results of a nutrition program type in each square. The center rectangle contains the combined results of all the responding programs. Bolded results are the highest percentages in their categories.

Table 2.1-Questionnaire Results

	n	Total	%	DPD	%	DT	%	CP	%	DI	%	
(*=no males)	Eligible Programs	566	100.0	215	38.0	36	6.4	59	10.4	256	45.2	
	Survey Responses	122	21.6	38	17.7	5	13.9	11	18.6	68	26.6	
Geographic Region	Total Responses	86	100.0	24	27.9	3	3.5	9	10.5	50	58.1	
	Midwest	27	31.4	5	18.5	1	3.7	6	22.2	15	55.6	
	Northeast	18	20.9	6	33.3	1	5.6	1	5.6	10	55.6	
	Southeast	19	22.1	4	21.1	-	-	1	5.3	14	73.7	
	Southwest	10	11.6	4	40.0	-	-	1	10.0	5	50.0	
	West	12	13.9	5	41.7	1	8.3	-	-	6	50.0	
Program Director Descriptives	Total Directors	122	100.0	38	31.1	5	4.1	11	9.0	68	55.7	
	Male Directors	3	2.5	-	-	-	-	-	-	3	4.4	
	Non-White Directors	15	12.3	6	15.8	-	-	1	9.1	8	11.8	
	White	107	87.7	32	84.2	5	100.0	10	90.9	60	88.2	
	Black	6	4.9	1	2.6	-	-	-	-	5*	7.4	
	Hispanic	1	0.8	-	-	-	-	1	9.1	-	-	
	Asian	5	4.1	4	10.5	-	-	-	-	1*	1.5	
	Native American	-	-	-	-	-	-	-	-	-	-	
	Undefined	3	2.5	1	2.6	-	-	-	-	2	2.9	
	Generation Y/Z (37 yrs old & Under)	22	18.0	4	10.5	1	20.0	2	18.2	15	22.1	
	Generation Y (38-52 yrs old)	43	35.2	14	36.8	1	20.0	5	45.5	23	33.8	
	Baby Boomers (53-71 yrs old)	57	46.7	20	52.6	3	60.0	4	36.4	30	44.1	
	Director Membership in MIG	8	6.6	1	2.6	-	-	-	-	7	10.3	
Faculty Descriptives	Total Responses	85	100.0	23	27.1	3	3.5	9	10.6	50	58.8	
	Total Faculty	866	100.0	174	20.1	9	1.0	51	5.9	632	72.9	
	Male Faculty	94	10.9	26	14.9	2	22.2	6	11.8	60	9.5	
	Non-White Faculty	122	14.1	27	15.5	2	22.2	10	19.6	83	13.1	
	White	744	85.9	147	84.5	7	77.8	41	80.4	549	86.9	
	Black	35	4.0	3*	1.7	-	-	1*	1.9	31	4.9	
	Hispanic	34	3.9	4	2.3	-	-	2*	3.9	28	4.4	
	Asian	42	4.8	15	8.6	2*	22.2	6	11.8	19	3.0	
	Native American	-	-	-	-	-	-	-	-	-	-	
	Undefined	11	1.3	5	2.9	-	-	1	1.9	5	0.8	
	Faculty Members of a MIG	15	1.7	4	2.3	1	11.1	3	5.9	7	1.1	
	Student Descriptives	Total Responses	101	100.0	26	25.7	5	4.9	9	8.9	61	60.1
		Student Total	3734	100.0	2432	65.1	80	2.1	300	8.0	922	24.7
Male Students		349	9.3	253	10.4	14	17.5	20	6.7	62	6.7	
Non-White Students		824	22.1	580	23.8	39	48.8	42	14.0	163	17.7	
White		2910	77.9	1852	76.2	41	51.2	258	86.0	759	82.3	
Black		160	4.3	102	4.2	9*	11.3	9*	3.0	40	4.3	
Hispanic		315	8.4	234	9.6	20	25.0	8*	2.7	53	5.7	
Asian		229	6.1	157	6.5	9*	11.3	15*	5.0	48	5.2	
Native American		14	0.4	8	0.3	1*	1.3	2	0.7	3	0.3	
Undefined		106	2.8	79	3.2	-	-	8*	2.7	19*	2.1	
ACEND Program Descriptives (Y/N)	Total Responses	101	100.0	26	25.7	5	4.9	9	8.9	61	60.4	
	Diversity Position/Office	52	51.5	16	61.5	4	80.0	7	77.8	25	41.0	
	Specific Diversity Goals	14	13.9	5	19.2	-	-	3	33.3	6	9.8	
	Mandatory Diversity Training	38	37.6	12	46.2	3	60.0	2	22.2	21	34.4	
	Diversity Leadership Program	6	5.9	-	-	-	-	1	11.1	5	8.2	
	Diversity Grant/Award Recipient	3	3.0	2	7.7	-	-	1	11.1	-	-	
	Diversity Action Award Recipient	1	1.0	-	-	-	-	-	-	1	1.6	
	Diversity Promotion Grant Recipient	1	1.0	-	-	-	-	-	-	1	1.6	
	Specific Cultural Assignment	66	65.3	23	88.4	4	80.0	8	88.9	31	50.8	
	No Recruitment Efforts	29	28.7	8	30.8	1	20.0	3	33.3	17	27.9	
	Mentorship Programs	3	3.0	-	-	-	-	-	-	3	4.9	
	MIG Partnership	1	1.0	-	-	-	-	-	-	1	1.6	
	Preferences (Y/N)	Total Responses	92	100.0	24	26.1	4	4.3	9	9.8	55	59.8
Perceived Alignment w/AND Plan		54	58.7	10	41.7	3	75.0	5	55.6	36	65.5	
Diversity Mentorship Guidance		46	53.3	13	54.2	1	25.0	6	66.7	26	47.3	
Recruitment Guidance		50	54.3	14	58.3	4	100.0	5	55.6	27	49.1	
Retention Guidance		45	48.9	13	54.2	4	100.0	5	55.6	23	41.8	
Pipeline Program Guidance		26	28.3	6	25.0	2	50.0	3	33.3	15	27.3	
Diversity Support Guidance		47	51.1	11	45.8	2	50.0	6	66.7	28	50.9	

Table 2.1 displays the results and percentages for all responding programs in columns 1-2 and the individual program types in the remaining columns.

Questionnaire Response Rate

Eligible Programs and Overall Response Rate

Out of the total 566 eligible programs in 2017, the Dietetic Internships (DI) account for nearly half (n=256, 45%). The Didactic Program in Dietetics (DPD, n=215) were the next largest number of programs at 38% of the total. The Coordinated Programs (CP, n=59) came in third of the four program types at a distant 11%. The Dietetic Technician (DT, n=36) programs are the smallest portion at 6% of the conglomerate. (Figure 2.2)

Of those surveyed, 125 responded but three were discounted for complete lack of data. The remaining 122 surveys collected provided an overall 21.6% response rate. (Figure 2.4)

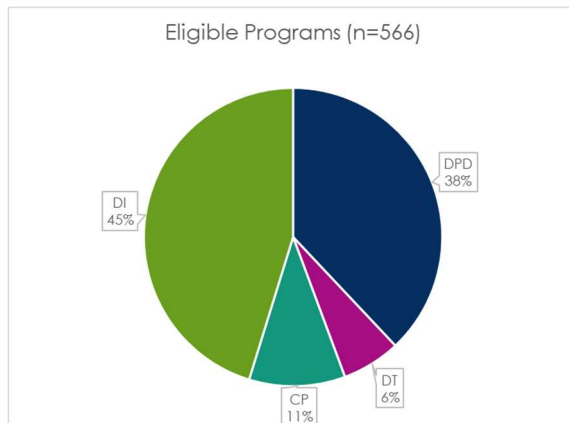


Figure 2.2

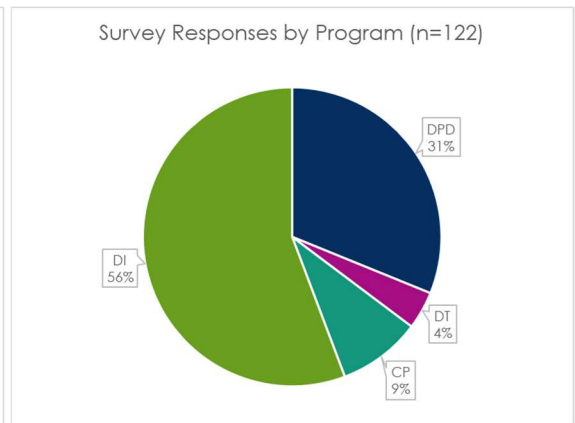


Figure 2.3

Response Rate by Program Type

Over half of the 122 surveys returned came from the DI programs (n=68, 56%). Next, followed DPD programs (n=38) at 31%. CP programs (n=11) were third at 9% and the fewest overall responses were from DT programs (n=5) at 4%. (Figure 2.3)

Comparing the total of each program type to its rate of responses, the DI programs had the highest percentage of representation at 26.6%. The next highest representation rate came from the CP programs at 18.6%, then the DPD programs at 17.7%. Lastly, the DT programs had a 13.9% representation for its program type.

(Figure 2.4)

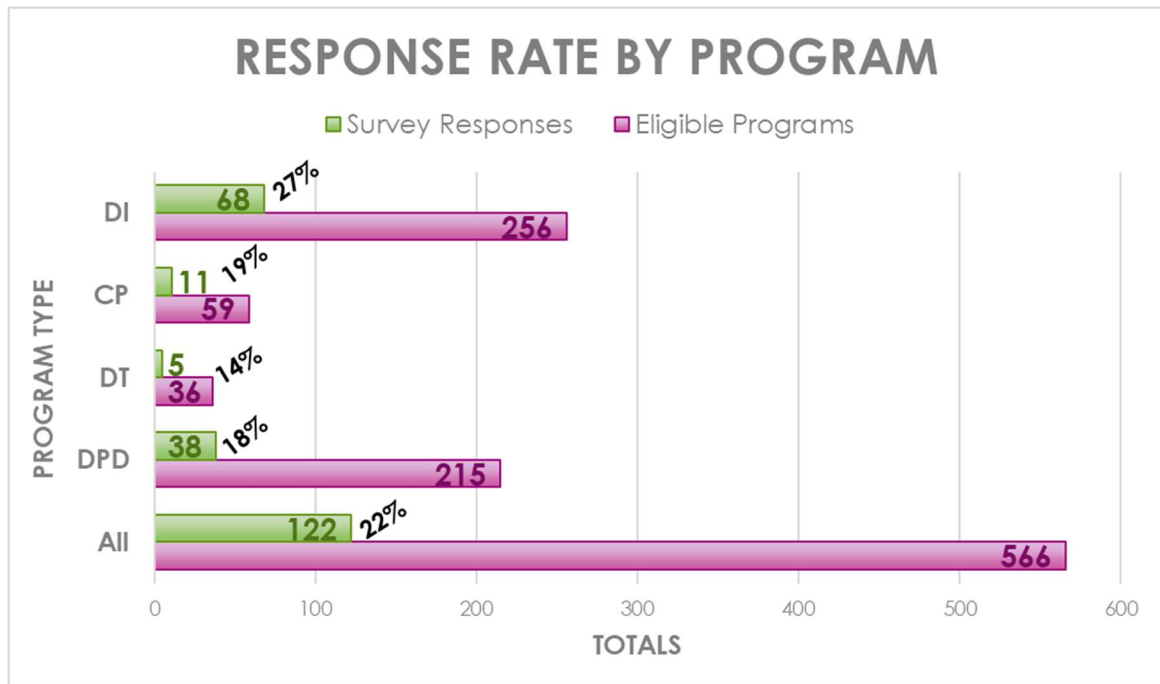


Figure 2.4

Response by Geographic Regions

Responses from 86 program directors regarding geographical location indicated that nearly one-third (31.4%) of all responses came from 27 programs in the Midwest. Nineteen programs (22.1%) responded from the Southeast. Eighteen programs (20.9%) replied being from the Northeast. Twelve programs (14%) replied from the Western region and ten programs (11.6%) were from the Southwest. (Figure 2.5)

Two of the five regions (Northeast and Midwest) had representation from all four program types. The DT program (n=3) had no representation from the Southeast or Southwest regions. CP program responses (n=9) were only absent from the West region. DPD (n=24) and DI programs were represented in all five regions. The DI programs (58.1%) had the largest input of all program types with a total of fifty responses. (Figure 2.5)

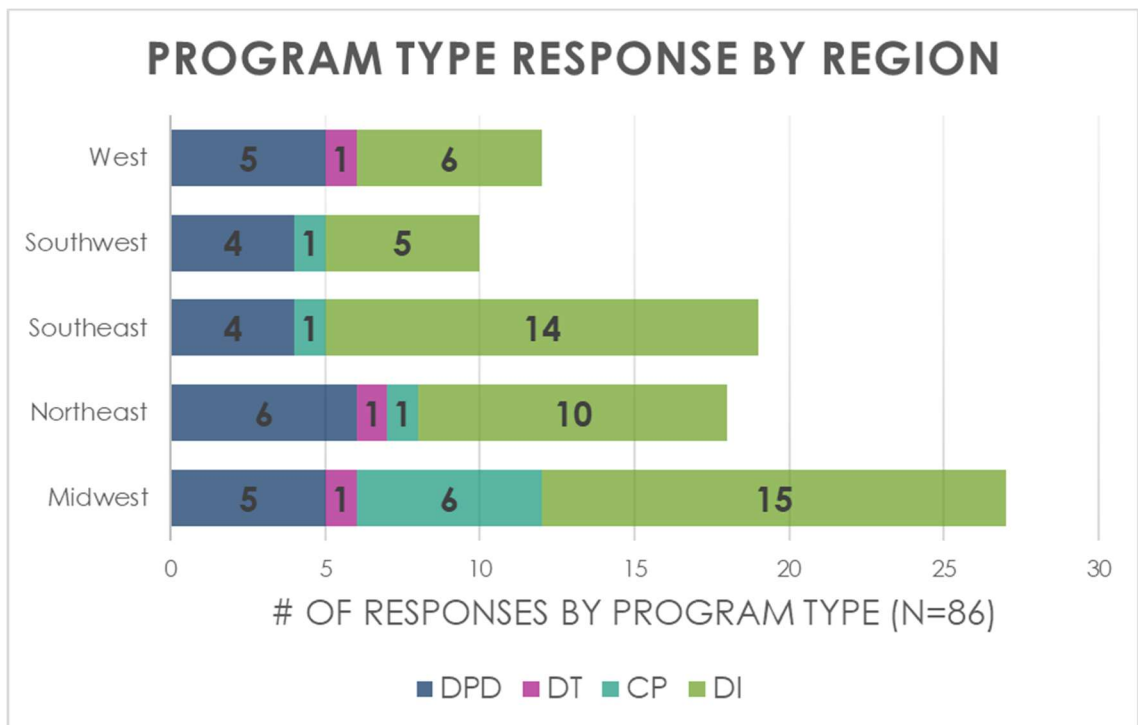


Figure 2.5

Program Directors

Program directors of the 122 responding were predominately White females (n=104, 85%) in the 53-71 years old (n=56, 98%) age range. Total percentage of program directors who self-identified as: White (n=107) was 87.7%, Black (n=6) was 4.9%, Asian (n=5) was 4.1%, Undefined (n=3) was 2.5%, and Hispanic (n=1) was 0.8%. There were no program directors who self-identified as Native American. (Figure 2.6)

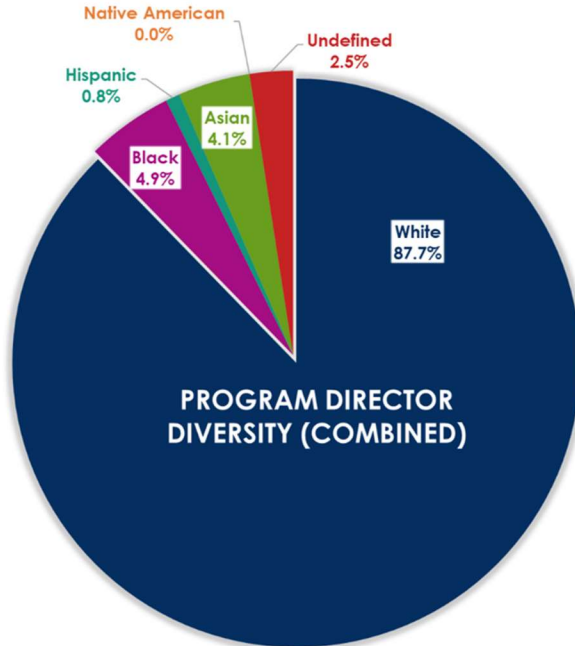


Figure 2.6

COMBINED DIRECTOR AGE

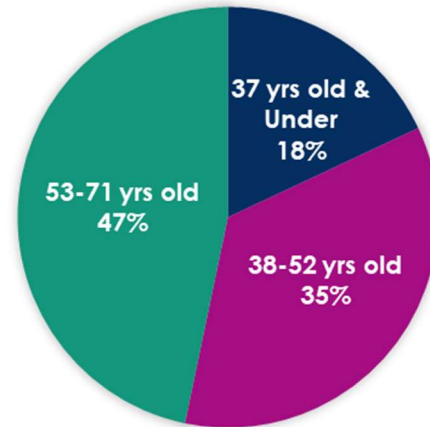


Figure 2.7

Male program directors (n=3) accounted for 2.5% of the gender of all the responding program directors. (Figure 9) Generationally, the “Baby Boomer” era (53-71 years of age) were the largest age group (46.7%) at 57 of the 122 program directors. The next largest age group was 38-52 years of age (“Generation X”) at 35.2% (n=43). “Generation Y/Z” (37 years of age and under) trailed by 17 percentage points at 18% of program directors (n=22). (Figure 2.7) Eight program directors (6.6%) confirmed membership in at least one of the Academy’s culturally diverse Member Interest Group (MIG) from the total 101 responses. (Table 2.1)

Program Director Diversity by Program Type

The least racially diverse of all programs was DT with its total of five directors being White females (100%). Over 90% of CP program directors self-identified as White (n=10). Program directors of DI programs reported 11.8% diverse (n=8). The DPD

programs, with 38 responses, had the highest racial diversity (15.8%). This was still true when compared to the combined diversity of all program directors. Within the DPD programs four program directors self-identified as Asian, one as Black, and one as Undefined. (Figure 2.8)

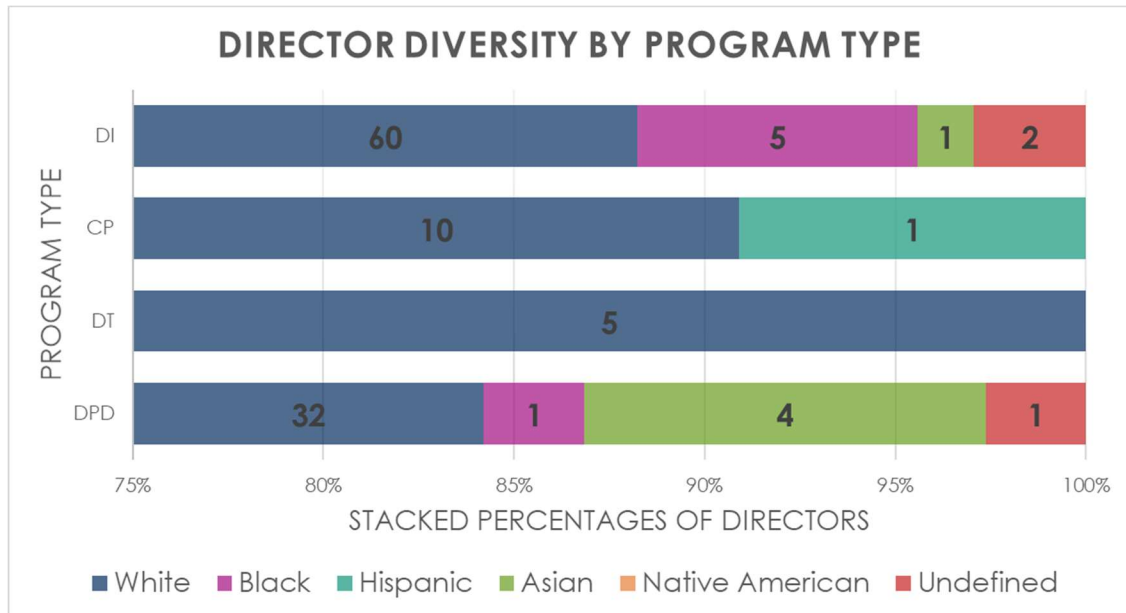


Figure 2.8

Director MIG Membership by Program Type

Seven of the eight directors having a membership in a culturally diverse Member Interest Group (MIG) were from the DI program. They accounted for 10.3% of the DI programs responses (n=68). The remaining program director came from the DPD programs and accounted for 2.6% of their 38 responses. The DT and CP programs had no report of program directors who are members of a culturally diverse MIG. (Table 2.1)

Male Directors By Program Type

Three of the four program types did not report any male program directors. The three male directors were all from the DI program and all self-identified as White. This meant that DI programs were 4.4% male and 95.6% female (n=65). (Figure 2.9)

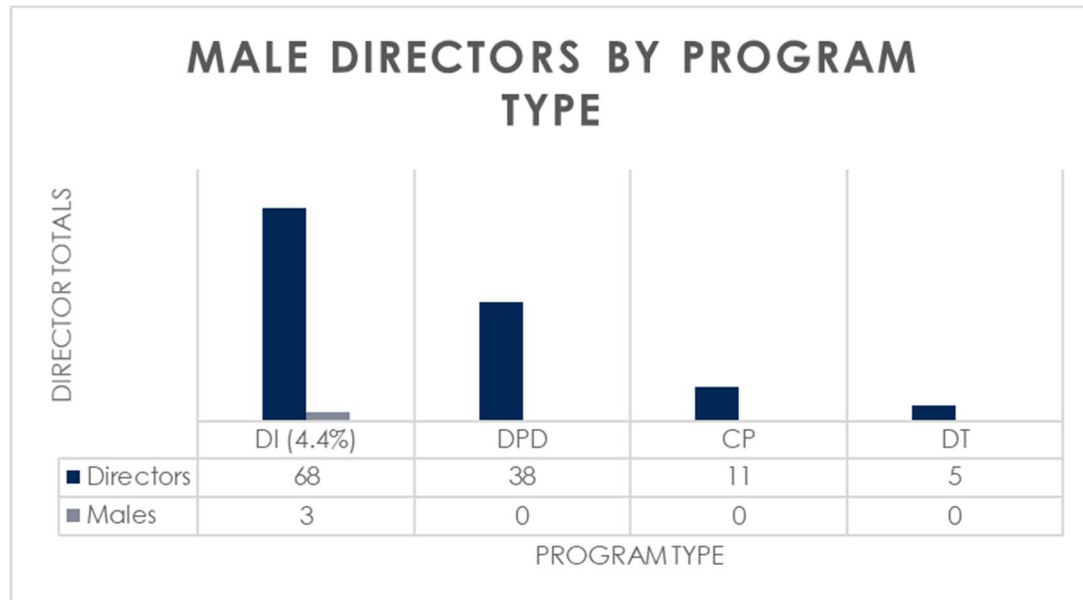


Figure 2.9

Director Ages by Program Type

The percentage of program directors in the “Baby Boomer” era (53-71 years old) were 60% in DT (n=3) and 53% in DPD (n=20) programs. They outweighed the percentage of all the program types combined at 47% (n=57). (Figure 2.10)

The “Generation X” era (38-52 years of age) was the leader in age groups of Coordinated Programs at 45% (n=5) of its directors. This percentage was higher than that of all program types combined (35%, n=43). (Figure 2.10)

The DI programs had the largest percentage (22.1%, n=15) of “Generation Y/Z” era (37 years of age and under) program directors and the largest percentage of the combined program totals (18%, n=22). (Figure 2.10)

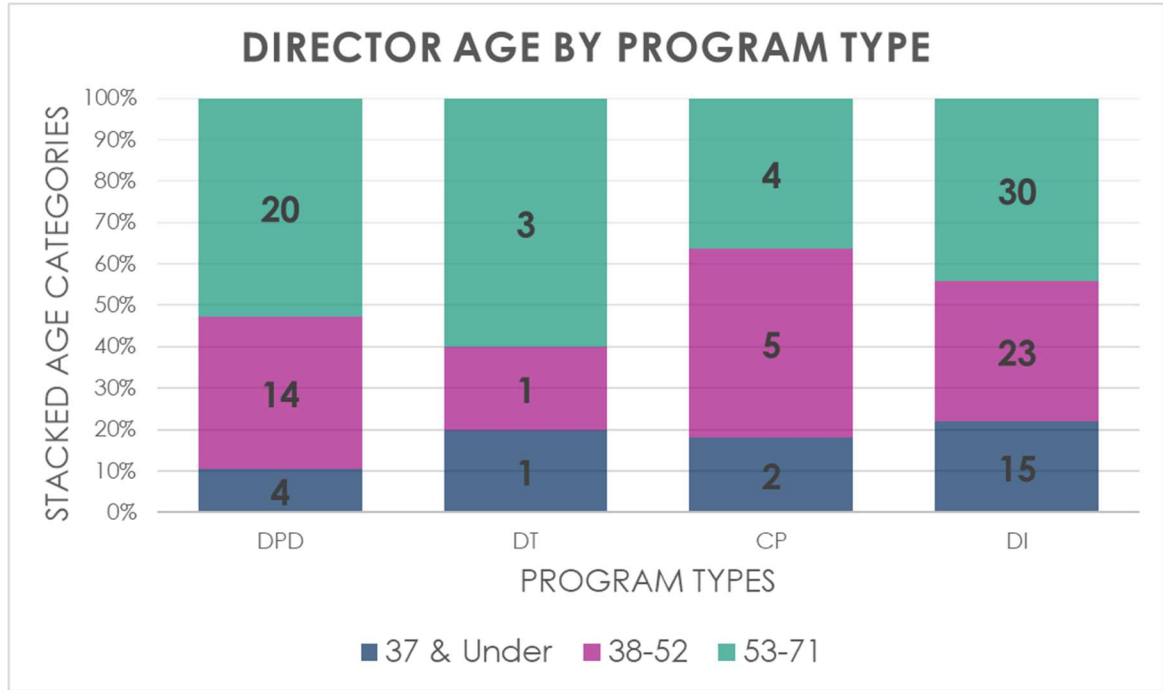


Figure 2.10

Program Faculty

In this study, faculty is defined as the program facilitators (i.e. instructors, teachers, professors, preceptors, and administrative staff working in the department) whom the students interact with while enrolled in their program. The program director is not included in this term.

Responses contributing to program faculty demographics were 85 surveys amassing a total of 866 program faculty members. The DI programs had the largest

faculty at 632 (72.9%), next was the DPD programs at 174 (20.1%), then CP programs at 51 (5.9%), and DT programs with 9 (1%).

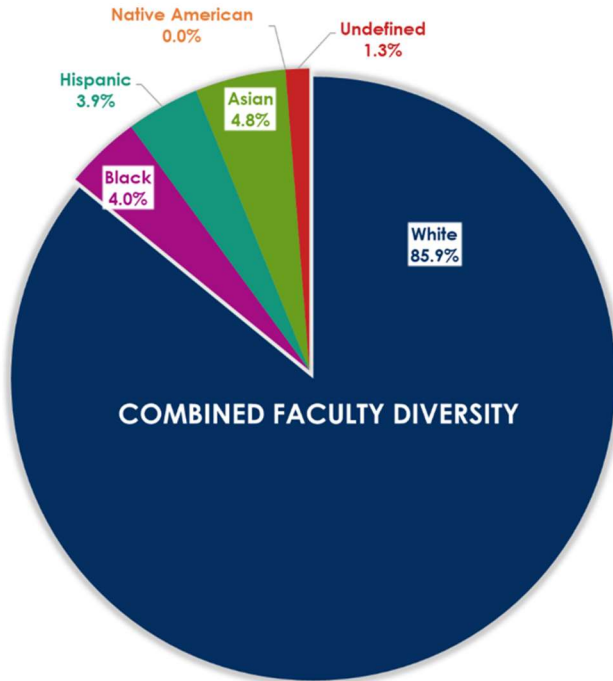


Figure 2.11

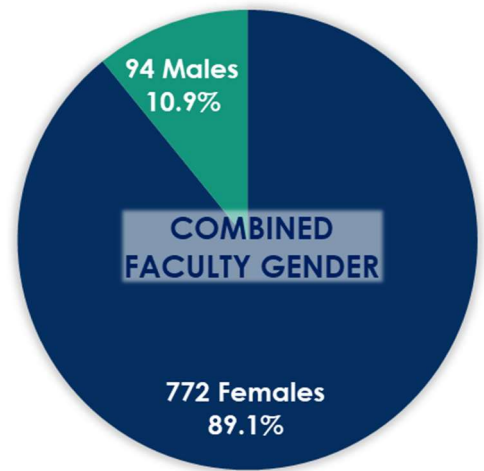


Figure 2.12

Faculty self-identifying as White (n=744) were 85.9% for all the dietetic programs. (Figure 2.11) Total Hispanic faculty had the lowest representation at 3.9% (n=34). Male faculty accounted for 10.9% (n=94) of total program faculty. (Figure 2.12) No program faculty self-identified as Native American.

Faculty Diversity by Program Type

Of the four dietetic program types, DI programs had the least racial diversity with 86.9% self-identified faculty as White (n=549). This percentage surpassed that of the total programs combined (85.9%). DT program faculty were the most racially diverse

percentage wise (22.2%), but had no representation from Black, Hispanic, or Native American groups. Although CP (19.6%) and DPD (15.5%) programs were lowest for racial diversity among their faculty, they had representation from all ethnic groups except Native American. (Figure 2.13)

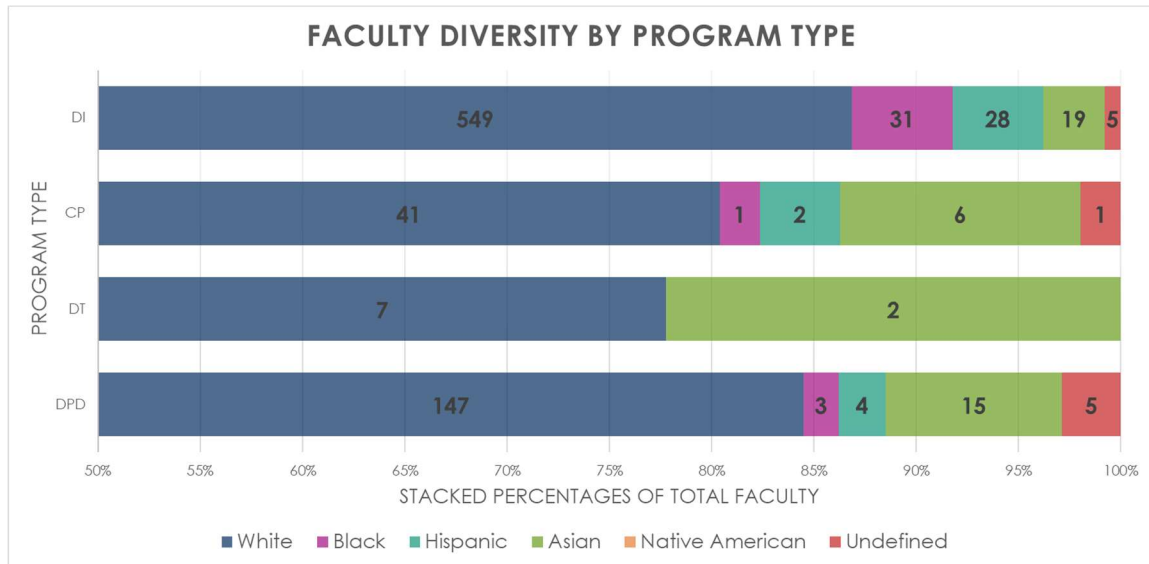


Figure 2.13

Male Faculty

The program type with the highest ratio of male faculty was DT at 2 (22.2%), followed by DPD at 26 (14.9%), CP with 6 (11.8%), and DI with 60 (9.5%). Black male faculty (n=6, 0.9%) were reported in only one of the four programs (DI). There were Hispanic male faculty in two of the four programs (DPD and DI). There were no Asian male faculty present in the DT programs. (Figure 2.14)

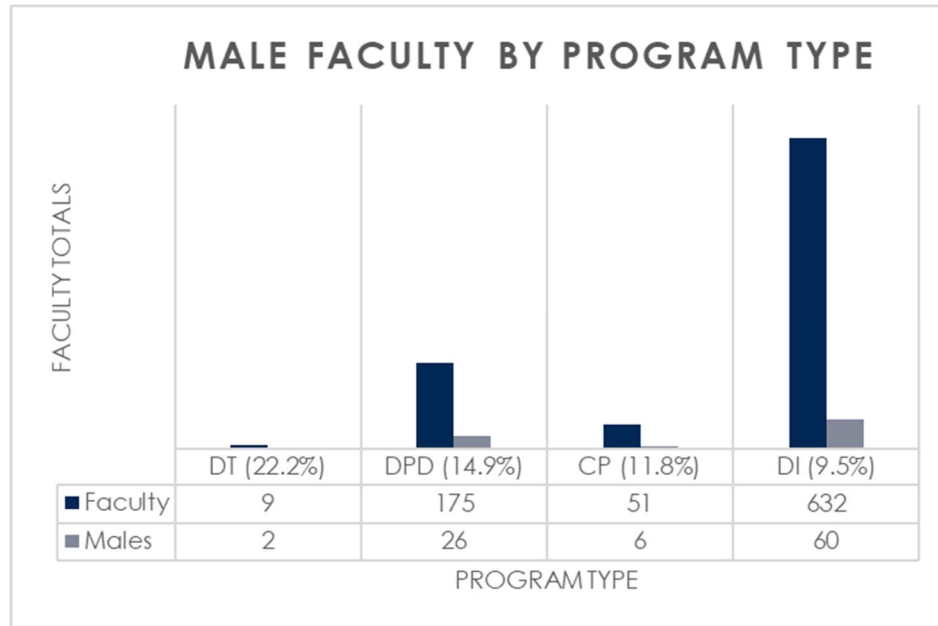


Figure 2.14

Faculty MIG Membership

The program type with faculty representation in all eight of the culturally diverse Member Interest Groups (MIGs) was DI with seven of their programs showing memberships. DPD had four programs with faculty representation in four MIGs. CP programs had faculty representation in two MIGs. DT had the least faculty representation with membership in one MIG. (Table 2.1)

Students

Program directors were asked to use their most recent ACEND annual report to answer questions about the program's student gender and cultural diversity. Although 2017 reports were not due to be filed until mid-December, information taken from those reports made up 63.9% (n=64.5) of the 101 surveys. All program types had most of their

reporting derived from their 2017 ACEND annual report except the CP programs. (Table 2.2)

Table 2.2-Year ACEND Report Filed

Year ACEND report filed	DPD*	DT	CP	DI	Total
2016	11.5	2	5	18	36.5
2017	14.5	3	4	43	64.5
Surveys	26	5	9	61	101

*One DPD survey did not check the year of the annual report but included the student demographics. To account for this survey, half a point was given to each year for equilibrium purposes.

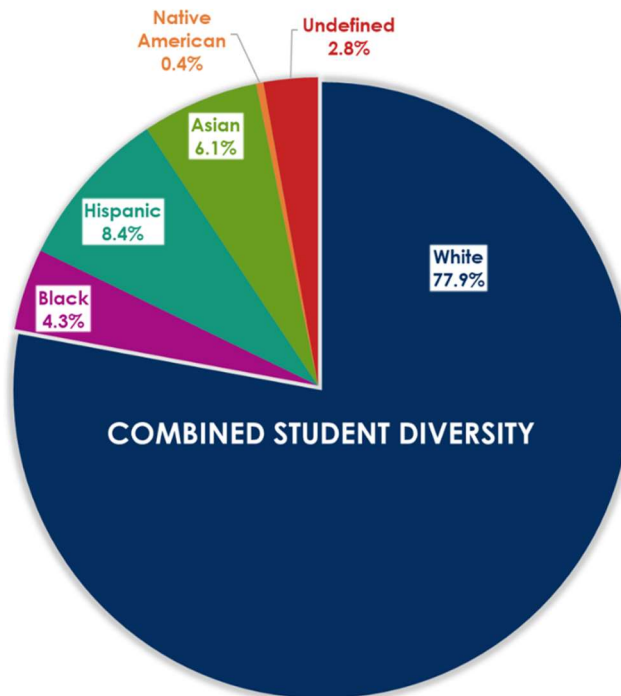


Figure 2.15

The 101 responses accounted for 3,734 students enrolled in the dietetic programs with 77.9% self-identified as White (n=2,910). Students self-identified as White female amassed 71.8% (n=2,681) of total students. Self-identified non-White students (n=824)

produced 22.1% racial diversity. Hispanic students (n=315) represented the largest self-identified culturally diverse group at 8.1%. Next in order of most representation were Asian students (n=229) at 6.1%. Black students (n=160) had a 4.3% representation. The least represented group were self-identified Native American students (n=14) at 0.4%. Self-identified male students (n=349) were 9.3% of all students. (Figure 2.15)

Student Diversity by Program Type

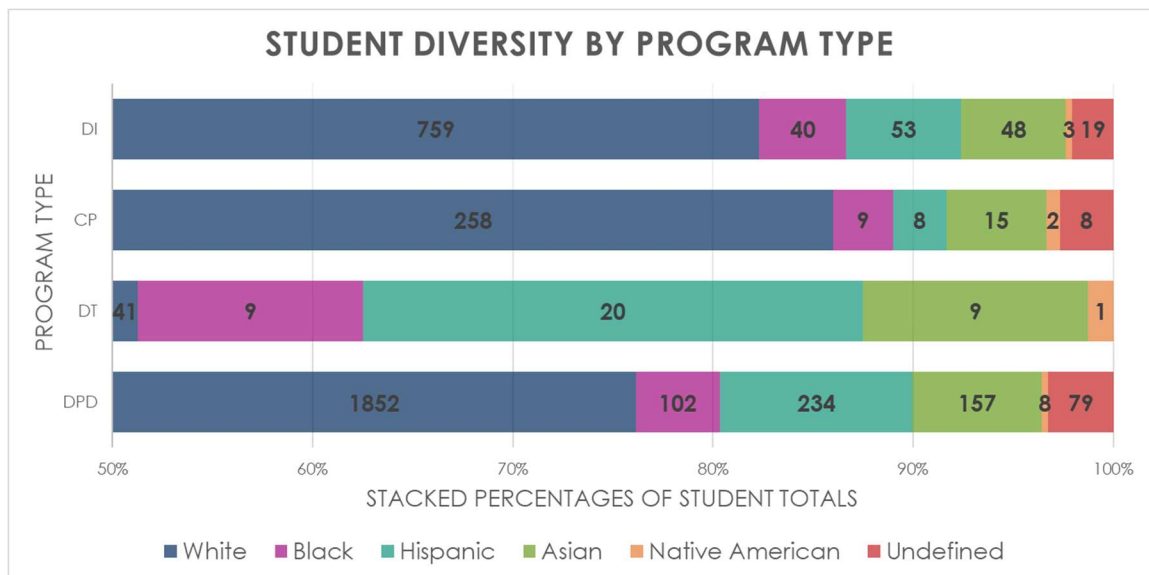


Figure 2.16

Student totals by program types were: 2,432 from DPD programs (n=28), 922 from DI programs (n=61), 300 from CP programs (n=9), and 80 from DI programs (n=5). The CP programs accounted for the highest ratio (86%) of students self-identifying as White (n=258). The DT programs were the most racially diverse at 48.8% (n=39). All program types had representation from every ethnic group. (Figure 2.16)

Male Students

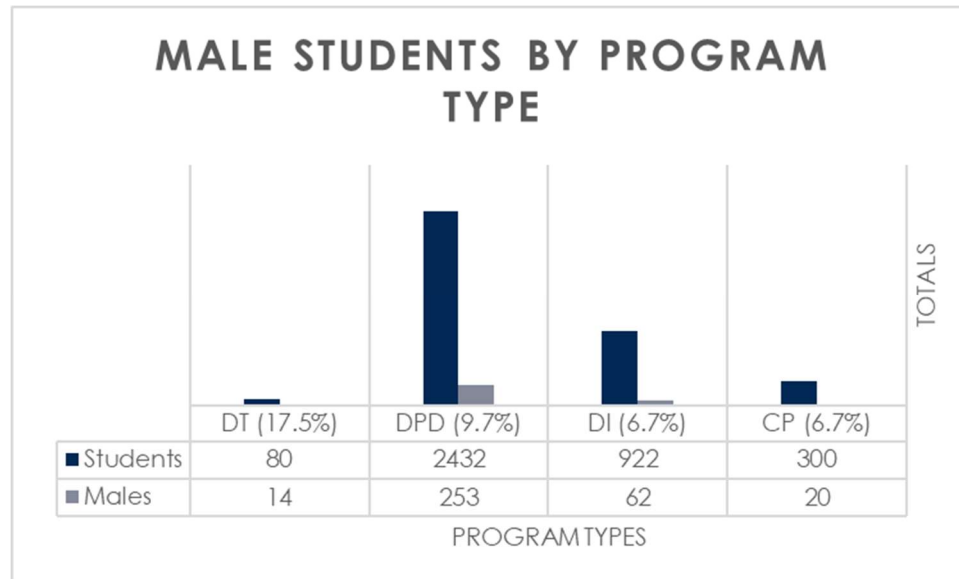


Figure 2.17

Of the 349 male students, the DT programs produced the highest percent of males (17.5%, n=14), but only had diverse representation from self-identified Hispanic males. The DI and CP programs accounted for the lowest ratio (6.7%) of self-identified male students (n=62, 20). CP programs only had racially diverse male representation in the self-identified Native American group. DI and DPD programs had male representation in every racial group. (Figure 2.17)

Accredited Program Results

Similar to program student results, 101 surveys provided information about the four dietetic program types. DI programs had the largest response at 61 (59.2%) surveys returned. DPD programs returned 26 surveys (25.7%), CP programs returned nine surveys (8.9%), and DT programs had five responses (4.9%).

Historically Black College/University

Of the total respondents, one program reported being designated as a historically Black college or university (HBCU) as per the U.S. Department of Education. The program director self-identified as a Non-White female from the “Generation Y/Z” era. She is a member of a culturally diverse MIG and partners with a MIG for recruiting & mentoring assistance. This program’s 2016 ACEND report listed 8 students, 5 White Females and 3 Black Females. There is no cultural competency assignment as part of a course. No diversity position/office is located at the institution nor is there mandatory diversity training. Over 50% of the program staff have completed the Diversity Leadership Program.

Program Closures

Two programs reported they would not be accepting students through 2019. The Midwest DI program was directed by a White Female of the Generation X era who is not a member of a MIG. Her 15 faculty members are 86.7% White and consist of representation from Black, Asian, and Male groups; however, none were MIG members. Her 2017 ACEND report listed four students, all self-identified as White Female. Her program is closing because the institution no longer wants to host its own program. The director marked preference for all options concerning ACEND guidance.

The Northeast DT program closing is directed by a Baby Boomer era self-identified White Female who is not a member of a MIG. The two female faculty members are 50% culturally diverse and represent a culturally diverse MIG. This program performs no recruiting efforts and reported having no diversity goal. There is a

specific cultural competency assignment within a course and the institution has a diversity office. The program’s 2017 ACEND report listed 21 students with 95.2% racial diversity and self-identified male representation. The reasons given for closure are low enrollment, low passing rate, and the decision of the institution to cancel the program. ACEND guidance preference selected were assistance in recruiting, retaining, and diversity support.

Diversity Position/Office

Slightly over half the respondents (n=52, 51.5%) reported their programs were supported by a diversity position/office. Still, nearly half (48.5%, n=49) of the respondents did not report having any type of professional diversity support by way of an office or individual at their institution. (Figure 2.18)

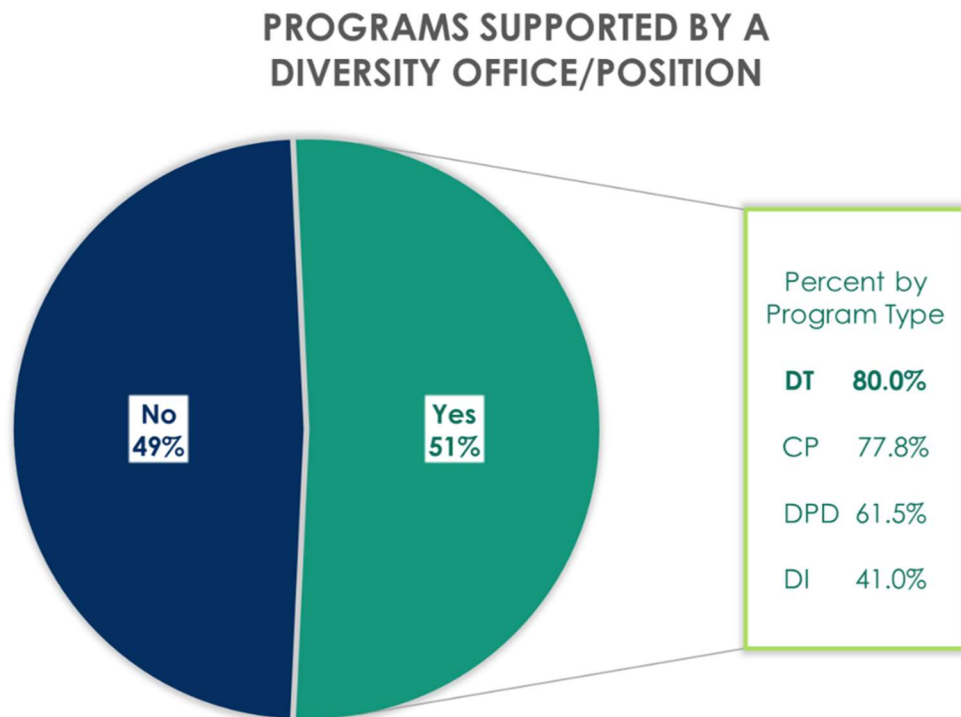


Figure 2.18

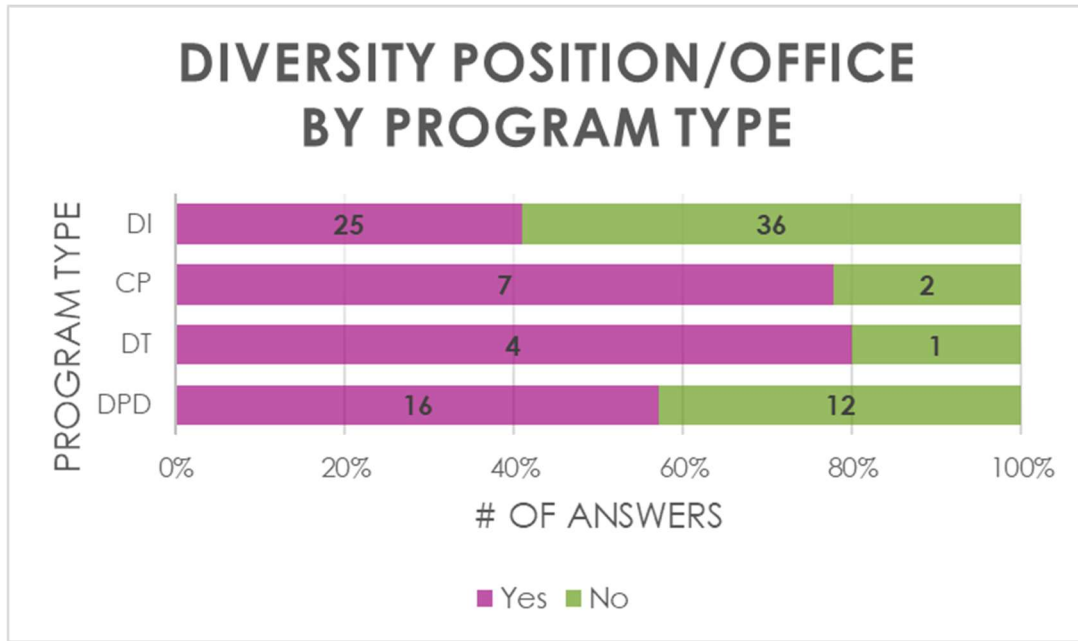


Figure 2.19

Four of the five DT directors responded affirmatively to having a diversity position/office, creating the highest ratio at 80% of all program types. Closely following at 77.8% were the CP programs (n=7). DPD directors reported 16 of their programs (61.5%) as receiving professional diversity support. DI directors reported the lowest ratio of diversity position/office support to its programs at 41% (n=25). (Figure 2.19)

Diversity Goals

When asked if the program had specific goals for increasing diversity, fourteen program directors (13.9%) responded affirmatively from three of the four program types. (Figure 2.20)

None of the DT programs (n=5) had a specific diversity goal. CP programs (n=3) were the most likely (33.3%) to have a goal of increasing diversity. Five DPD director

responses created 19.2% and six DI director responses created a 9.8% response for having a specific diversity goal. (Figure 2.21)



Figure 2.20

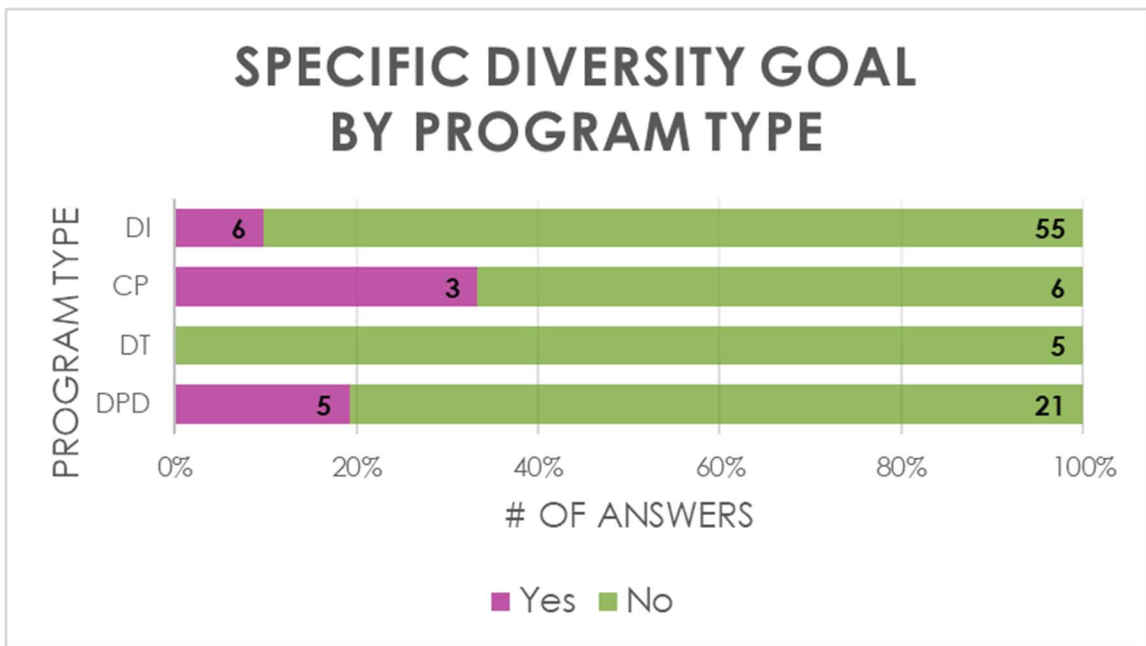


Figure 2.21

Mandatory Diversity Training

From the 98 responses, 38 programs (38.8%) reported their institutions performed mandatory diversity training. Of those, 29 programs (29.6%) attended training a minimum of once a year. Sixty programs (61.2%) were not required to attend any form of diversity training. (Figure 2.22)

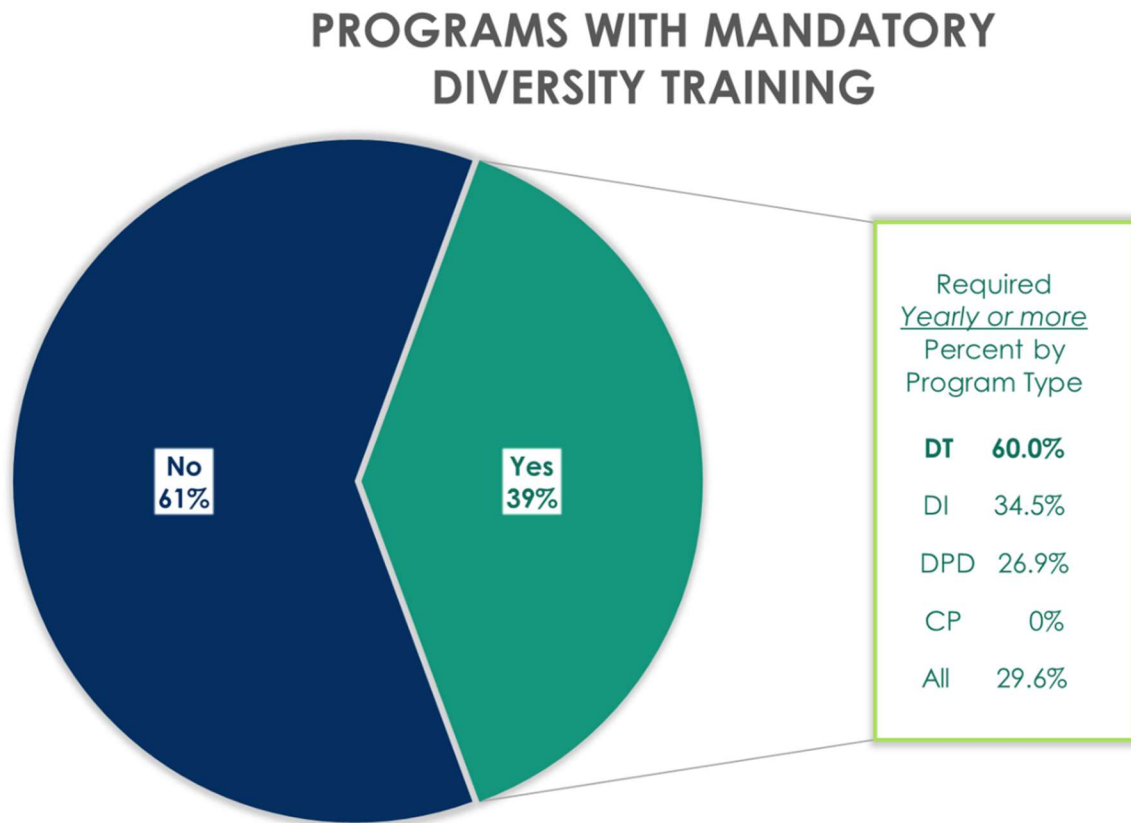


Figure 2.22

Sixty percent of DT directors (n=3) reported having mandatory diversity training at least once a year, the highest among all program types. CP programs had mandatory diversity training upon hiring or at periods longer than once a year (n=2, 22.2%), none were yearly. Faculty or staff from DI programs attended mandatory diversity training

(n=21, 36.2%) with 95.2% (n=20) occurring on a yearly basis. Mandatory diversity training occurred every year within the DPD programs per seven of the twelve directors (58.3%) that responded affirmatively (46.2%). (Figure 2.23)

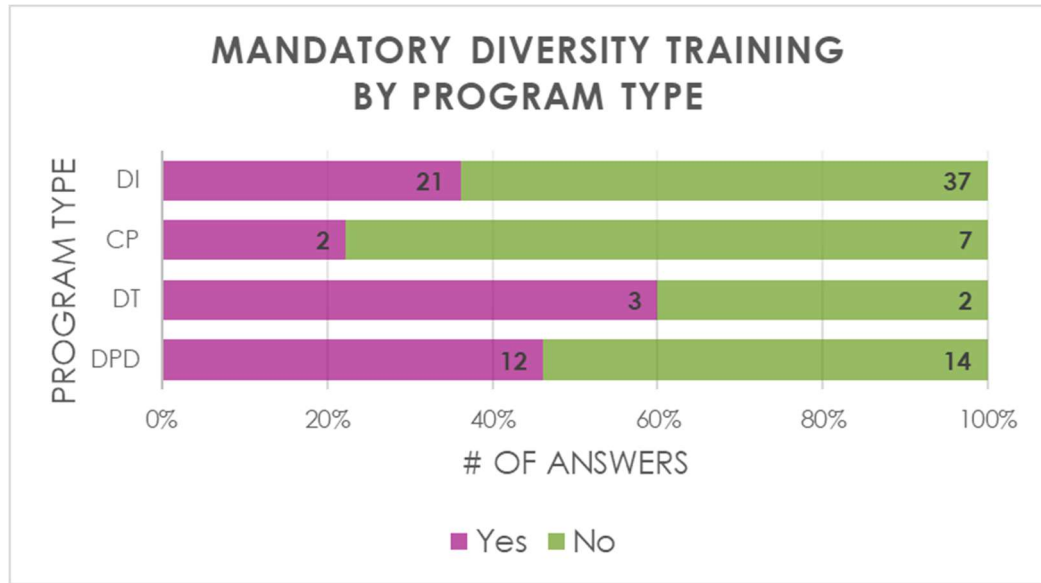


Figure 2.23

Diversity Leadership Program Graduates

Directors from six programs (5.9%) affirmed that a director or faculty member had completed the Academy’s Diversity Leadership Program (DLP). Five graduates were from the DI program (83.3%) and one from the CP program (16.7%). Ninety-four percent (n=97) of the 103 respondents did not report any of their staff as having completed the DLP. (Figure 2.24)

DIVERSITY LEADERSHIP PROGRAM

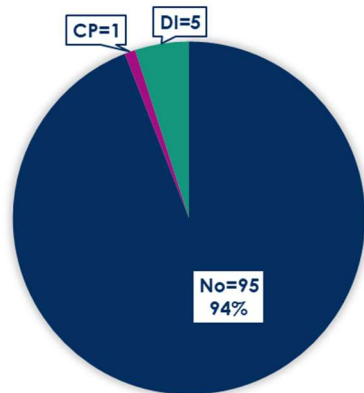


Figure 2.24

DIVERSITY GRANT/AWARD RECIPIENT

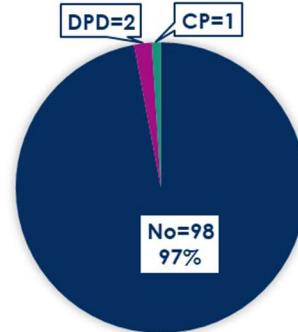


Figure 2.25

Awards

When asked if the program received any recognition from the Academy by way of a diversity action award or promotion grant, no programs had input. However, three programs (3.0%) had received a diversity grant from the Academy. One CP program earned a grant in 2016 along with two DPD programs; one in 2015, the other in 2014 and 2013. (Figure 2.25)

Cultural Competency Assignment

Sixty-six of 101 respondents (65.3%) reported that their programs assigned a specific cultural competency activity within a course. Five programs (4.9%) used an independent organization to perform a cultural competency activity. Five programs (4.9%), four DI and one CP, did not address cultural competency in their program.

When comparing program types, CP (n=8, 88.9%) and DPD programs (n=23, 88.5%) were the leaders in including a cultural competency activity in a course. DT

programs (n=4) followed at 80.0%. At 50.8%, DI programs (n=31) had the least assigned cultural competency activities within a course. (Figure 2.26)

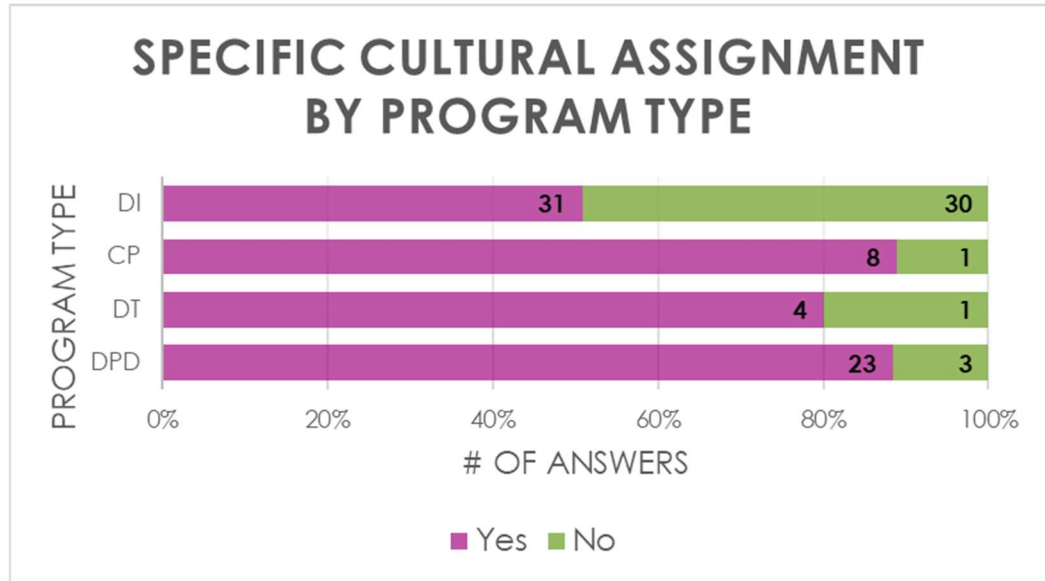


Figure 2.26

Mentorship Programs, MIG Partnership

One program director (0.9%) reported having a mentor program specifically for retaining underrepresented students. The same director was the only one to report partnering with a culturally diverse MIG for recruiting and retaining underrepresented students. (Table 2.1)

Recruitment Efforts

Twenty-nine program directors (28.7%) reported making no recruitment effort towards increasing enrollment of underrepresented gender or culturally diverse students. (Figure 2.27) DI programs (n=17) were 58.6% of the programs that did not have recruiters who visited any of the nine venues. CP programs (n=3, 33.3%) had the highest

percentage for program types. Of the programs that actively recruited, DT programs (n=4) were ahead at 80.0%. DI (n=44, 72.1%), DPD (n=18, 69.2%), and CP programs (n=6, 66.7%) were all fairly close in their results towards actively recruiting underrepresented students. (Figure 2.28)

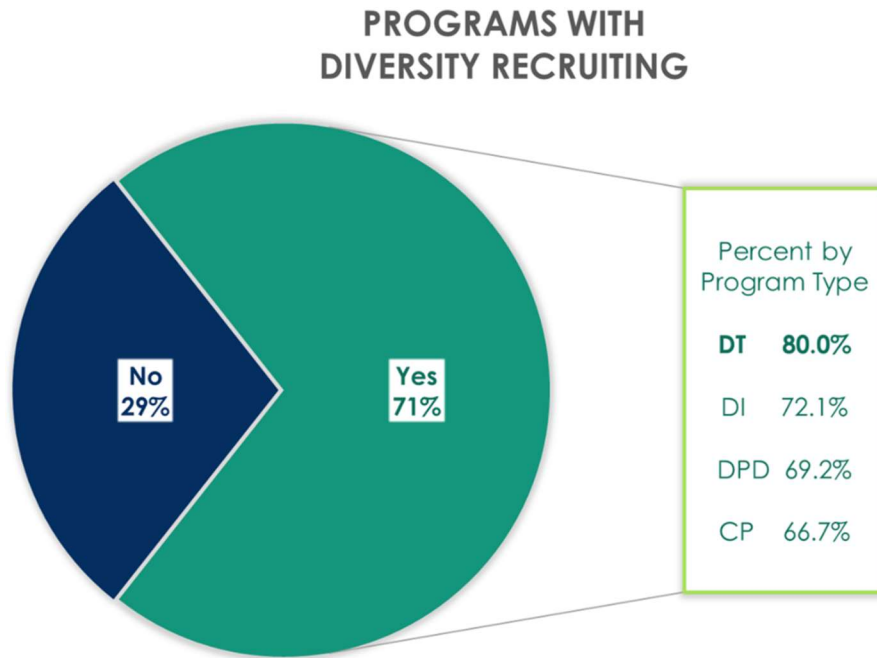


Figure 2.27

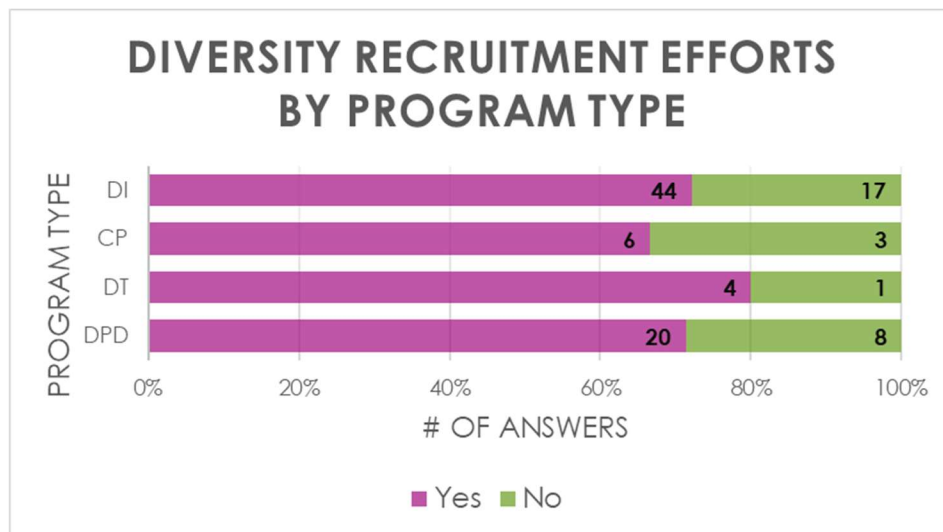


Figure 2.28

Venues Visited

Program directors were asked to select which of nine recruitment venues they attended in the past year. Three of the venues came from options in the Academy’s diversity goal: HOSA, MESA, and cultural fairs/events. Three programs (2.9%), all DI, reported visiting a HOSA venue. One program each from the DPD, CP, and DI programs (2.9%) had recruiters who visited a MESA venue. The aforementioned program recruiters (n=8, 2, and 6 respectively) also visited cultural fairs representing a combined 15.8% of the total programs (n=101). (Figure 2.29)

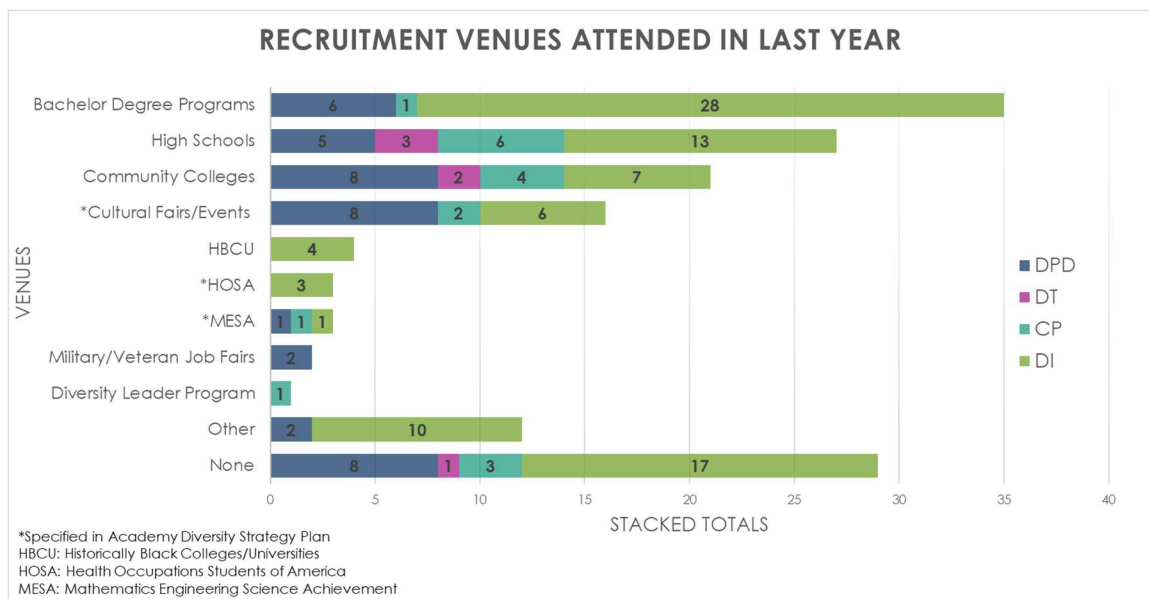


Figure 2.29

Four-year degree institutions were the most visited recruiting venue (n=35), especially by recruiters from DI programs (n=28, 45.9%). Recruiters from DI programs (n=4, 3.9%) were the only program type to visit an HBCU. In an unexpected outcome, seven DI programs reported recruiting at the Food and Nutrition Conference and

Exposition (FNCE). For two of those programs, FNCE was their only recruiting venue visited. (Figure 2.29)

All program type recruiters visited the second and third place venues, High Schools (n=27, 26.7%) and Community Colleges (n=21, 20.8%). The least visited venues were Military/Veteran fairs (2 DPD programs, 1.9%) and Diversity Leader Programs (1 CP program, 0.9%). (Figure 2.29)

Difficulty Adopting Academy's Diversity Goals due to Fundamental Reason(s)

Fundamental reasons such as being an ethnic, religious, or single gender institution will affect the ability of those programs to accomplish the Academy's diversity goal. Four affirmative replies were received; however only one (0.9%) was determined as valid. The director from a DI program claimed religious affiliation (unspecified).

Perceived Alignment

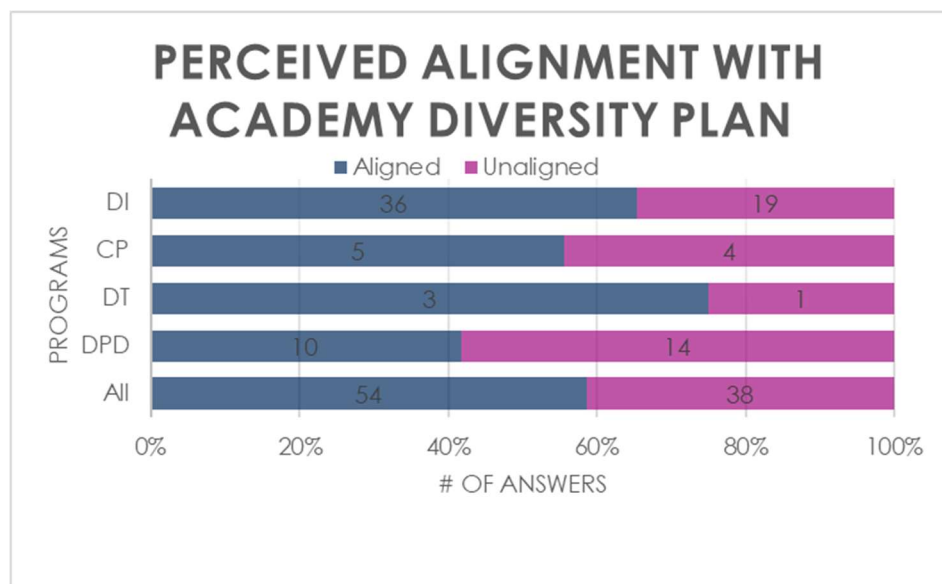


Figure 2.30

Program directors were asked if their program is in alignment with the Academy’s strategic plan. Although none declared being notified by the Academy of its diversity goal, over half (n=54, 53.5%) of the 101 responded that they were aligned. DT programs rated the highest at a 75% perceived alignment. (Figure 2.30)

ACEND Guidance

When asked how ACEND could assist in increasing program diversity, fifty (49.5%) wanted recruitment guidance. Forty-seven programs (46.5%) requested diversity support guidance and 46 programs (45.5%) said diversity mentorship guidance was desired. All responding directors from DT programs wanted guidance on recruiting and retaining underrepresented students. (Figure 2.31)

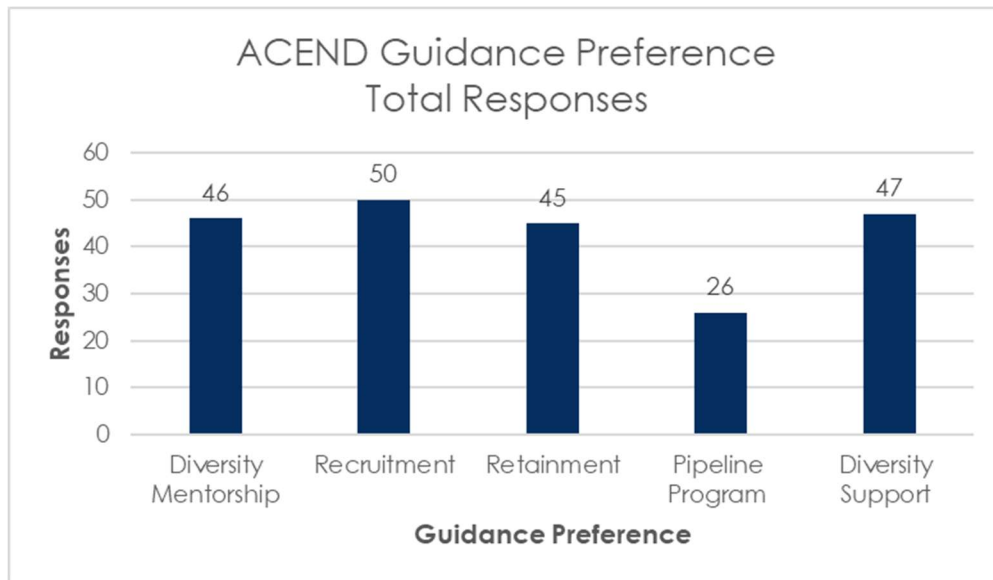


Figure 2.31

CHAPTER 2.4: DISCUSSION

A preponderance of information resulted from the questionnaire and further extraction, analysis, and interpretation is possible. Even so, a deduction emerges from the present results when observing which program type produced the greatest gender and cultural diversity among its students and the characteristics that differentiates it from the others.

Dietetic Technician (DT) programs had a combined 25% lead over the next program type for highest student diversity. Nearly half of students enrolled in DT programs were culturally diverse. Male students in DT programs were portioned 7% higher compared to the next program type. These results are remarkably outstanding especially considering DT programs account for only six percent of all nationwide accredited nutrition programs. If this study's results are indicative of the current 36 DT programs located in 19 states, then this would be from where many culturally diverse and male nutrition professionals are beginning their careers.

Although the DT program curriculum is a shorter path into the profession, this alone cannot explain its successful draw of diverse and male students. DT programs did present the highest percentage of culturally diverse and male faculty, but the lowest in those categories for program directors. More perplexing is that none of the DT program directors reported having any specific goal of increasing underrepresented students in their programs.

There were notable commonalities among DT programs and not the others: their staff had the most frequent mandatory diversity training, more of their institutions

provided support through a diversity office/position, and recruitment efforts occurred at more events targeting underrepresented populations. These commonalities could mean that increased exposure to diversity promotes cultural sensitivity, awareness of inequities, and acceptance for diversification.

Implications

The results of this study produced several implications applicable to the Academy, ACEND, accredited nutrition education program directors, and Academy members.

Academy of Nutrition and Dietetics (“Academy”)

1. Goals and strategies cannot be achieved when not communicated. All respondents to the questionnaire replied not being directly contacted by the Academy regarding its Diversity Strategy Plan. This method may seem improbable but referring to the plan on the main pages of the official website and in the weekly email updates could effectively communicate the Academy’s wish within its scope of influence.
2. The strategy plan is absent of check-in points and completion dates. Without these, there is no push to achieve the tasks assigned to the responsible parties.
3. For a prompt boost in membership diversity, focus recruitment efforts towards recent DT program graduates. Possibly broaden membership criteria to include non-credentialed accredited program graduates.

Accreditation Council for Education in Nutrition and Dietetics (ACEND)

DT programs enroll the most culturally diverse and male students with the least amount of locations among all the program types. One DT program with a 95% diverse student population and male representation reported its impending closure by 2019.

4. To assist the Academy in realizing its goal of increasing membership diversity 5% by 2020, more focus could be placed on supporting, saving, and accrediting additional DT programs.
5. Nearly half or more of the respondents stated preferences for ACEND assistance in recruiting underrepresented students, diversity support, establishing mentorships for underrepresented students, and retention of underrepresented students.
6. ACEND does not mandate diversity-related goals and objectives of programs; requiring such goals and objectives could be a requirement for accreditation.

Accredited Nutrition Education Program Directors

7. Seek cultural advice, information, and assistance (i.e. recruitment, retainment, and mentorship) from culturally based Member Interests Group (MIGs) readily obtainable within the Academy. Join and encourage faculty and students to join one or more of the culturally based MIGs.
8. Expand program recruitment to events targeting underrepresented groups, especially those specified in the Academy's plan (HOSA, MESA, and cultural fairs). Apply for the Academy's Diversity Grants and Awards for financial assistance with recruitment.

9. Increase frequency of cultural competence opportunities for all participants of the education program.

Academy Members

10. Actively advocate increasing cultural diversity and males in the nutrition occupations to help eliminate health disparities and preserve our profession.
11. Join one or more cultural based MIGs, complete the Diversity Leadership Program, become a Diversity Mentor and/or preceptor for underrepresented individuals.
12. Build awareness of the nutrition profession at events targeting underrepresented groups.
13. Make cultural competence a frequent and regular part of skill building.

Limitations

A significant limitation to this study was the active period dates of the questionnaire, November 6 through December 31, 2017. Many holidays involving institution hiatuses fell within these dates that likely resulted in less of a response rate.

Another significant limitation was the apparent undelivered survey invitations. The REDCap™ system did not distribute invitations to the entirety of program director e-mail addresses entered. This error surely contributed to a lower response rate.

Regarding response rate, the largest number of questionnaires were abandoned after the completion of the first section of questions. The following section (“Student Demographics”) required the use of the most recent annual ACEND report submitted.

This report may not have been available if directors did not save a copy or had not yet filed one. Also, directors may have considered the retrieval and detailed review of their annual report an additional burden of time and/or effort, or may not have wanted to disclose the specific details of their program. These reasons are believed to have contributed to the noticeable decline.

In terms of the survey itself, the questions used were designed to address the specific aims for answering the unique research question. Since this is an original questionnaire, it had not received prior field validation. It is this researcher's hope that groundwork has been laid for others to continue and that this questionnaire will be improved upon. The topic of underrepresentation is deserving of further investigation that will result in bridging the gaps in health disparities and preservation of the nutrition profession.

CHAPTER 3: CONCLUDING SUMMARY

The question initiating this study was, “How are accredited nutrition institutions applying the Academy’s Diversity Strategy Plan?” Applying the information acquired from the three aims, allows a conclusion to be drawn. Aim one sought current demographics in the accredited nutrition programs. Combined program results exhibited diversity of students at nearly one quarter and male students tipping 9% which may indicate a future increase in the diversity of Academy members.

Aim two sought language in accredited nutrition program missions and goals indicating awareness to diversity. Without being prompted, 14% of program directors already have taken the lead in creating goals to increase the numbers of underrepresented students within their programs.

Aim three sought discovery of successful techniques in recruiting and retaining underrepresented students in accredited nutrition programs. An amalgamation of three techniques were associated with the highest representation of diversity: yearly or more often mandatory diversity training, support of a diversity office or position at the institution, and recruitment efforts at venues/events targeted to underrepresented populations. Gathering from the evidence this research proposes, there are still many parts of the Academy’s Diversity Strategic Plan that still need to be implemented.

Diversity Strategic Plan: Objectives and Tactics 2015-2020

Vision: The Academy of Nutrition and Dietetics membership will be comprised of richly diverse, culturally proficient nutrition and dietetics practitioners, functioning in an environment where respect, appreciation, equity and inclusion are core values.

Mission: Enhance the diversity of nutrition and dietetics providers so that they more closely resemble the communities they serve; providing all practitioners with vital tools to practice culturally proficient care.

Definition: The Academy values and respects the diverse viewpoints and individual differences of all people. The Academy's mission and vision are most effectively realized through the promotion of a diverse membership that reflects cultural, ethnic, gender, racial, religious, sexual orientation, socioeconomic, geographical, political, educational, experiential and philosophical characteristics of the public it services. The Academy actively identifies and offers opportunities to individuals with varied skills, talents, abilities, ideas, disabilities, backgrounds and practice expertise.

Objectives	Strategies	Responsible Team or Organizational Unit	Implementation Date	Outcome Measure
Objective 1: <i>Recruit and retain a richly diverse body of nutrition and dietetics practitioners.</i>	Serve as a model for the profession in the development and implementation of effective diversity initiatives.	Academy	June, 2020	Increase the diversity of Academy membership by 5%.
	Actively engage organizational units, leaders and members to serve as ambassadors for grassroots recruitment of minority students to the profession and to membership.	Membership Team, Diversity Committee, Member Value Committee, Member Interest Groups, Affiliates	June, 2020	Build a pool of over 150 Diversity Leader database committee module contacts.
	Collect and promote case studies of persons of specific race, ethnicity, national origin, gender, age, physical ability, sexual orientation, religion and family status regarding why they chose and how they	Membership Team, Journal, Member Interest Groups, Diversity Committee, Diversity Champions and Leaders	May, 2016	Collect 5 case studies to be submitted for <i>Journal</i> publication by FY16.

Appendix A: Academy of Nutrition and Dietetics Diversity Strategic Plan

	have been successful in the nutrition and dietetics profession.			
	Ensure that images used in all print, electronic, and social media feature nutrition and dietetics practitioners of wide-ranging diversity.	Membership Team, Journal, Strategic Communications	Ongoing	Staff directors and managers maintain procedures annually, and review all materials to ensure that 100% adhere to Academy diversity standards.
	Ensure Academy spokespeople include members from a variety of underrepresented groups.	Strategic Communications	Ongoing	Staff directors and managers maintain operating procedures annually, to ensure diversity representation is encouraged and reflective of all identified underrepresented groups.
Objective 2: <i>Build an effective program of community outreach to identify and attract students from groups traditionally underrepresented in the nutrition and dietetics profession (including race, ethnicity, and gender).</i>	Partner with organizational units, other non-profits, members, NDEP and ACEND programs to benchmark and develop successful pipeline programs to attract qualified minority candidates to ACEND programs offering the key components of: <ol style="list-style-type: none"> 1. Academic enrichment, particularly in math and science programs 2. Admissions process preparation 3. Mentoring and offer of professional opportunities 4. Provision of financial and 	ACEND, NDEP, Membership Team, Diversity Committee, Members	January, 2017	Launch a new pipeline program. Increase diversity related grant program submissions by 50%. Increase the diversity of students enrolled in ACEND-accredited dietetics programs by 5%.

Appendix A: Academy of Nutrition and Dietetics Diversity Strategic Plan

	psychosocial support			
	Enhance scope of current Diversity Leaders Program to connect minority nutrition and dietetics practitioners and students to schools and community programs as a way to introduce children and teens to role models with the goal of increasing minority nutrition and dietetics practitioners.	Diversity Committee, Diversity Champions and Leaders, Affiliates	May, 2016	Update program from a four person/two year program to a grassroots program focused on multiple, local diversity liaisons at the affiliate level working on pipeline programs or other outreach. Establish 25 Diversity Leaders at the grassroots level. Offer the opportunity for select liaisons to advance as Diversity Champions (national level) based on leadership quality and grassroots efforts.
	Create relationships between the Academy and external existing programs aimed at preparing and educating pre-college students in science fields, such as the Science Olympiad or STEM universities.	ACEND, NDEP, Membership Team, Diversity Committee, Diversity Champions and Leaders, Member Interest Groups, Affiliates	May, 2016	Achieve Academy representation with two external programs aimed at preparing and educating pre-college students in the science fields with an emphasis on building awareness of the dietetics profession.
	Create relationships between the Academy	ACEND, NDEP, Membership Team,	May, 2016	Establish a relationship with one

Appendix A: Academy of Nutrition and Dietetics Diversity Strategic Plan

	and external existing programs aimed at			external program with an emphasis on
	preparing and advancing minority students in science related fields such as the National Society for Minorities in Agriculture, National Resources, and Related Sciences (MANRRS).	Diversity Committee, Diversity Champions and Leaders		building awareness of science fields related to the dietetics profession.
	Create relationships between the Academy and minority serving institutions to strengthen dietetic internship placement and the passage rates on dietetics related exams.	ACEND, NDEP, Membership Team, Diversity Committee, Diversity Champions and Leaders, Member Interest Groups, Affiliates	May, 2016	Increase the percentage of diverse students who are matched to internships and pass the RDN exam by 5%.
	Ensure the Academy's public policy efforts consider diverse and at risk populations.	PIA Team	Ongoing	TBD
	Implement a national honor or award to elevate the importance of diversity initiatives.	Honors Committee	TBD	TBD
Objective 3: <i>Develop effective publications, resources, and continuing professional education (CPE) offerings so that all nutrition and dietetics practitioners can function successfully in current and future multicultural, multiracial, multiethnic,</i>	Develop new publications and professional materials (with CPE) targeted to diverse audiences and focused on developing Academy members' cultural competency.	Publications & Resources Team	January, 2016	Increase number of diversity or cultural competency focused publications/products by 10%.
	Update and provide access to cultural competency resources, references and general information to members.	Knowledge Center	January, 2016	Add one new diversity or cultural competency focused resource, every year.

Appendix A: Academy of Nutrition and Dietetics Diversity Strategic Plan

<i>sexual orientation, and age/gender diverse environments.</i>	Offer cultural competency educational opportunities through <i>Journal</i> CPE.	<i>Journal</i>	January, 2016	Increase number of diversity or cultural competency related <i>Journal</i> submissions by 10% annually.
	Offer cultural competency educational opportunities and resources through distancing learning, professional development resources and FNCE programming.	Center for Professional Development	January, 2016	Continue offering the Cultural Competency Track at FNCE and increase attendance or purchase of competency products by 5% annually.
	Offer cultural competency education opportunities and resources specifically for educators aimed at enhancing their ability to recognize and work with the cultural differences and challenges minority students face, including: <ol style="list-style-type: none"> 1. 1st generation college students 2. Those working while in school 3. Those with family responsibilities outside of school 	ACEND, NDEP, Center for Professional Development	January, 2016	Add one new cultural competency focused resources specifically for educators, every year.
Objective 4: <i>Establish strong diversity efforts at all levels of Academy leadership.</i>	Encourage Academy nominating and appointing bodies to consider selecting an array of individuals that reflect a diverse Academy membership.	Academy	January, 2020	Increase the diversity representation on all Academy committees by 10%.
	Partner with organizational units (particularly MIGs) to provide support, access, and service opportunities and to identify potential minority leaders to move up the	Membership Team, Governance Team, MIGs, Affiliates	January, 2017	Increase the diversity of the demographic profile of members completing the Volunteer Opportunities survey by 10%”?

Appendix A: Academy of Nutrition and Dietetics Diversity Strategic Plan

leadership ranks in the Academy.			
Provide new leaders from underrepresented groups with a mentor and volunteer experiences to enhance their career development and expand professional networks.	Membership Team, Governance Team, MIGs	January, 2016	Increase number of eMentoring registrants who have selected either the diversity or culturally competent focused filters by 10%.
Establish, communicate and support commitment to diversity through the organization's governing documents and through leadership behavior.	Academy	Ongoing	Staff directors and managers maintain procedures and review all committee operating procedures annually, to ensure diversity initiatives outlined in the strategic plan are present.
Commit resources (staff, budget, network) for ongoing initiatives to strengthen organizational diversity at all levels	Academy	Ongoing	TBD
Engage in and strive to lead professional dialog regarding diversity at both the Academy, organizational unit, and membership level.	Academy	Ongoing	TBD

RACIAL & GENDER DIVERSITY IN ACCREDITED DIETETIC PROGRAMS

SECTION 1. DIRECTOR DEMOGRAPHICS

This section of questions ask about YOU, the accredited program director.

1. Please select the program YOU direct?
 - a. Nutrition and Dietetics Coordinated Program (CP)
 - b. Nutrition and Dietetics Internship Program (DI)
 - c. Nutrition and Dietetics Didactic Program (DPD)
 - d. Nutrition and Dietetics Technician Program (DT)

 2. Please select the category in which YOU self-identify?
 - a. White Female
 - b. White Male
 - c. Black Female
 - d. Black Male
 - e. Hispanic Female
 - f. Hispanic Male
 - g. Asian Female
 - h. Asian Male
 - i. Native American Female
 - j. Native American Male
 - k. Undefined Female
 - l. Undefined Male

 3. Please check YOUR age group.
 - a. 37 and under (Gen Y/Z)
 - b. 38-52 (Gen X)
 - c. 53-71 (Baby Boomers)
 - d. 72 and over (Silent Gen)

 4. Are YOU currently a member of a Member Interest Group (MIG) within the Academy? Y/N. If yes, please check which MIG(s).
 - a. Asian Indians in Nutrition and Dietetics (AIND)
 - b. Chinese Americans in Dietetics and Nutrition (CADN)
 - c. Filipino Americans in Dietetics and Nutrition (FADAN)
 - d. Jewish Member Interest Group (JMIG)
 - e. Latinos and Hispanics in Dietetics and Nutrition (LAHIDAN)
 - f. Muslims in Dietetics and Nutrition (MIDAN)
 - g. National Organization of Blacks in Dietetics and Nutrition (NOBIDAN)
 - h. National Organization of Men in Nutrition (NOMIN)
-

SECTION 2. ACCREDITATION COUNCIL FOR EDUCATION IN NUTRITION AND DIETETICS (ACEND) REPORTING

This section of questions ask about your most recent ACEND Annual Report.

5. When did you file your most recent ACEND Annual Report?
 - a. 2016
 - b. 2017

 6. According to your most recently completed ACEND Annual Report, how many total students/interns were enrolled in your program? (dropdown box #1-400)

 7. According to your most recent ACEND Annual Report, please select your program's student/intern categories:
 - a. White Female (dropdown box #1-400)
 - b. White Male (dropdown box #1-400)
 - c. Black Female (dropdown box #1-400)
 - d. Black Male (dropdown box #1-400)
 - e. Hispanic Female (dropdown box #1-400)
 - f. Hispanic Male (dropdown box #1-400)
 - g. Asian Female (dropdown box #1-400)
 - h. Asian Male (dropdown box #1-400)
 - i. Native American Female (dropdown box #1-400)
 - j. Native American Male (dropdown box #1-400)
 - k. Undefined Female (dropdown box #1-400)
 - l. Undefined Male (dropdown box #1-400)
-

SECTION 3. INSTITUTE CHARACTERISTICS

This section of questions ask about the institution where your program operates.

8. Is your INSTITUTION a designated Historically Black College or University (HBCU) per the U.S. Department of Education? Y/N

9. Does your INSTITUTION have a dedicated diversity position/office that focuses on recruitment and retention of racial or gender underrepresented students/interns within your program? Y/N.

10. Do the instructors/professors, preceptors and/or supporting staff for your ACEND-accredited program attend mandatory racial and gender diversity training? (Yes/No). If "Yes", please select how often?
 - a. Once a year,
 - b. twice a year,
 - c. 3 or more times a year
 - d. Other, please explain: (text box)

11. Within the past year, did representatives of your ACEND-accredited program participate in recruitment or outreach at any of the following venues? (Check all that apply)
 - a. High schools

Appendix B: Racial & Gender Diversity in Accredited Programs Questionnaire

- b. Community colleges
 - c. Universities that have 4-year undergraduate degrees
 - d. Military/Veteran job fairs
 - e. Diversity Leader Program (Academy of Nutrition and Dietetics)
 - f. Health Occupations Students of America (HOSA)
 - g. Mathematics, Engineering, Science Achievement (MESA)
 - h. Historically Black Colleges/Universities (HBCUs)
 - i. College fairs for recruitment of racially diverse candidates
 - j. None of the above
 - k. Other, please explain (text box)
-

SECTION 4. DIVERSITY SUPPORT

This section of questions ask about the ACEND-accredited PROGRAM you direct.

12. How is cultural competency addressed with students/interns in your ACEND-accredited program? (Check all that apply)
- a. Specific assignment or project within a course
 - b. Specific assignment or project that is not part of a course
 - c. Utilize independent specialized diversity training organization
 - d. Cultural competency is not addressed with students/interns in our program
 - e. Other (text box to explain)
13. Does your **PROGRAM** have any goal(s)/objective(s) specific to recruiting and retaining underrepresented gender and/or racially minoritized students/interns? (Yes/No). If “Yes”, please share the goal(s)/objective(s) in the following text box. (textbox)
14. Have **YOU** or **YOUR PROGRAM FACULTY** completed the Diversity Leaders Program offered through the Academy? (Yes/No). If yes, including you, what percent of your faculty have completed the program?
- a. <10%
 - b. <25%
 - c. <50%
 - d. <75%
 - e. 100%
15. Does your ACEND-accredited **PROGRAM** have an independently established mentor program specifically for racial and gender underrepresented students/interns? (Y/N)
16. Does your PROGRAM partner with any Member Interest Groups (MIGs) in **MENTORSHIP MATCHING** for racial or gender underrepresented students/interns? Y/N. If yes, please select which MIG(s)? (check all that apply).
- a. Asian Indians in Nutrition and Dietetics (AIND)
 - b. Chinese Americans in Dietetics and Nutrition (CADN)

Appendix B: Racial & Gender Diversity in Accredited Programs Questionnaire

- c. Filipino Americans in Dietetics and Nutrition (FADAN)
- d. Jewish Member Interest Group (JMIG)
- e. Latinos and Hispanics in Dietetics and Nutrition (LAHIDAN)
- f. Muslims in Dietetics and Nutrition (MIDAN)
- g. National Organization of Blacks in Dietetics and Nutrition (NOBIDAN)
- h. National Organization of Men in Nutrition (NOMIN)

17. Does your PROGRAM partner with any Member Interest Groups (MIGs) to **RECRUIT** racial or gender underrepresented students/interns? Y/N. If yes, please select which MIG(s)? (check all that apply).

- a. Asian Indians in Nutrition and Dietetics (AIND)
- b. Chinese Americans in Dietetics and Nutrition (CADN)
- c. Filipino Americans in Dietetics and Nutrition (FADAN)
- d. Jewish Member Interest Group (JMIG)
- e. Latinos and Hispanics in Dietetics and Nutrition (LAHIDAN)
- f. Muslims in Dietetics and Nutrition (MIDAN)
- g. National Organization of Blacks in Dietetics and Nutrition (NOBIDAN)
- h. National Organization of Men in Nutrition (NOMIN)

18. Does your PROGRAM partner with any Member Interest Groups (MIGs) in **RETENTION** of racial or gender underrepresented students/interns? Y/N. If yes, please select which MIG(s)? (check all that apply).

- a. Asian Indians in Nutrition and Dietetics (AIND)
- b. Chinese Americans in Dietetics and Nutrition (CADN)
- c. Filipino Americans in Dietetics and Nutrition (FADAN)
- d. Jewish Member Interest Group (JMIG)
- e. Latinos and Hispanics in Dietetics and Nutrition (LAHIDAN)
- f. Muslims in Dietetics and Nutrition (MIDAN)
- g. National Organization of Blacks in Dietetics and Nutrition (NOBIDAN)
- h. National Organization of Men in Nutrition (NOMIN)

19. Has your **PROGRAM** received any Academy diversity grants/awards? (Yes/No). If yes, Congratulations! Please check awards received and select year(s) received in the pop-up box: 2017, 2016, 2015, 2014, 2013, 2012, 2011 and prior.

- a. Diversity Mini-Grants
- b. Diversity Promotion Grant
- c. Diversity Action Award

Click to download the Academy's 4-page 2015-2020 Diversity Strategic Plan:

<http://dbcms.s3.amazonaws.com/media/files/edcefd95-460f-4246-a5b0-40fa4dd1214b/Diversity-Strategic-Plan-1.2015.pdf>

20. Has the Academy contacted **YOU** directly regarding its diversity strategic plan/goal to explain how your program is integral to its accomplishment? Y/N

Appendix B: Racial & Gender Diversity in Accredited Programs Questionnaire

21. In its current state, is **YOUR PROGRAM** in alignment with the Academy's diversity strategic plan? Y/N
 22. Is there any fundamental reason(s) your **PROGRAM** would have difficulty adopting the Academy's racial and gender diversity goals? (Y/N) If yes, please check which reason(s) apply.
 - a. Religious (i.e. Catholic, Christian, Mormon, Muslim, Judaism)
 - b. Ethnic specific (i.e. Amish, Italian, Jewish)
 - c. Female gender only institution
 - d. Accept only descendants of alumni
 - e. Other, please explain (text box)
 23. What racial and gender diversity program/policy should ACEND implement, support, or enforce? (check all that apply)
 - a. Diversity Mentor Training
 - b. Recruiting underrepresented students/interns
 - c. Retaining underrepresented students/interns
 - d. Pipeline programs
 - e. Diversity support services
 - f. Other, please explain (text box)
-

SECTION 5. PROGRAM CHARACTERISTICS

This section of questions ask about the ACEND-accredited PROGRAM you direct.

24. Please enter your **PROGRAM** mission/vision statement in the following textbox.
(text box)
25. Does your **PROGRAM** plan to continue accepting new students/interns through 2019? Y/N. If "no", please check reason(s) for program closure. (check all that apply)
 - a. Low enrollment
 - b. Pass rate
 - c. Intern entry rate
 - d. Campus closure
 - e. Lack of qualified faculty
 - f. Lack of campus funding
 - g. Unaffordable program tuition
 - h. Other, please explain (text box)
26. Are any of your **PROGRAM'S** instructors/professors, preceptors and/or supporting staff currently a member of a Member Interest Group (MIG) within the Academy? Y/N. If yes, please select which MIG(s).
 - a. Asian Indians in Nutrition and Dietetics (AIND)
 - b. Chinese Americans in Dietetics and Nutrition (CADN)
 - c. Filipino Americans in Dietetics and Nutrition (FADAN)
 - d. Jewish Member Interest Group (JMIG)

Appendix B: Racial & Gender Diversity in Accredited Programs Questionnaire

- e. Latinos and Hispanics in Dietetics and Nutrition (LAHIDAN)
 - f. Muslims in Dietetics and Nutrition (MIDAN)
 - g. National Organization of Blacks in Dietetics and Nutrition (NOBIDAN)
 - h. National Organization of Men in Nutrition (NOMIN)
27. How many **FACULTY** members are directly involved in your program? (dropdown box #1-400)
28. Choosing only one category per person, which do your program **FACULTY** self-identify? (check all that apply and select total for category #1-400)
- a. White Female (dropdown list)
 - b. White Male (dropdown list)
 - c. Black Female (dropdown list)
 - d. Black Male (dropdown list)
 - e. Hispanic Female (dropdown list)
 - f. Hispanic Male (dropdown list)
 - g. Asian Female (dropdown list)
 - h. Asian Male (dropdown list)
 - i. Native American Female (dropdown list)
 - j. Native American Male (dropdown list)
 - k. Undefined Female (dropdown list)
 - l. Undefined Male (dropdown list)

<https://media.nationalgeographic.org/assets/file/us-regions-map.pdf>

29. Using the map, what geographical region is your institution located? (dropdown list)
- a. Midwest
 - b. Northeast
 - c. Southeast
 - d. Southwest
 - e. West

Please include any comments, suggestions, observations, etc. you would like to share
(Text box)

<i>What racial and gender diversity program/policy should ACEND implement, support, or enforce? Other Comments</i>
DPD Program Comments
Inherently our current unpaid internship and competitive application structure for a healthcare position that is not as lucrative as others is a very hard sell for many first generation students from diverse backgrounds. We're simply trying to get more students of color to even APPLY to internships, as they disproportionately seem to avoid it due the financial risk, etc. I think the internship system is problematic - a year of unpaid work that you pay for? It's really tough. And the intense focus on GPA also limits admission into our program and internships as well and doesn't allow for the whole picture of a student.
DI Program Comments
Targeted scholarships to recruit & retain talented diversity students pursuing dietetics
Mandatory training for preceptors, RDNS, and program directors
Support undergrads with tutoring, especially chemistries. Also, in my area, many minority students have a child or children. They can use help with baby sitting.
Increasing education requirements to MS will make this profession even harder for a diverse group to achieve RD status.
1. There should be more scholarships, in larger amounts, to support minority and economically disadvantaged students during the Internship. 2. Support more DPD and DI programs that can be customized to fit around the other work and family responsibilities that minority and economically disadvantaged students often are dealing with. 3. Support programs that create a 're-entry' path for people who were not able to go straight through school and internship within a few years. These are often minority and economically disadvantaged people, who are carrying multiple responsibilities. By the time they have positioned themselves to do an Internship, too much time has passed and programs don't accept them.
Right now DICAS has no choice for ethnic option. I have always thought that this might be helpful.
The current model of requiring a master's degree prior to taking the national registration exam is a deterrent to recruiting underrepresented groups. When I speak to diverse individuals, most are seeking a cost effective college degree that doesn't align with being in the 'kitchen.' I'm sorry, I do not agree with this model/mandate. How can we go to high schools to recruit diverse populations when they learn it will take at least 6 years to complete the degree with a salary range below all other health professionals requiring a graduate degree.

<i>End of Survey Comments, Suggestions, Observations</i>	
DPD Program Comments	
	I think this is so important. I'm really concerned that the inherent branding of our field and the future structure of our program (now a 4 year degree, 1 year internship, and Master's degree) is very intimidating. Few programs (including ours) are designed to accommodate students with children, who support their own families, or need more night classes. Most DPDs and internships are full-time, in-seat, and during the day.
	I feel we need to treat all students of all races etc equally and everyone is given the support they need to be successful. I'm proud of our heritage and proud to be a white female. The white female students in my program often feel like they have to apologize for who they are. This is absolutely ridiculous and illustrates how the Academy like many other organizations have let political correctness and diversity run amok!
	Research done on Minority students entering the health professions at our university showed a lack of support system for these students, a system that valued education. Many minority students do not complete their programs because day to day lack of support - financial, time and support for studying and engaging in professional activities that support learning and assimilation were limited.
	When you asked for the 'program' involvement in recruiting diverse students, I interpreted as the college as a whole. Individuals who only teach in the dietetics major do not do recruiting themselves, other than speaking to groups who come for previews and tours.
	You need an 'I don't know' option for program professors who are members of MIGs. I love all the supporting links and resources - thanks!!
	For the question: 'How many program faculty...are a member of an MIG.' The answer to that questions is 'I don't know' as opposed to 'no.' Since 'I don't know' isn't an option, I selected 'no.' Also, as far as diversity is concerned, we follow some of the diversity information from AND, but not all. For instance, we have diverse recruiting materials and show diverse students on our website.
	It was difficult to accurately answer the question, 'is YOUR PROGRAM in alignment with the Academy's diversity strategic plan?' The diversity of nutrition and dietetics dietetics students in our program closely resembles the local community; however, the student population and local community are not very diverse.
CP Program Comments	
	Thank you for choosing this as your thesis topic! :-)
DT Program Comments	
	Thank you for your survey. We have a diverse student population. However, our faculty are not as diverse, and not representative of our student population. My goal is to hire more diverse faculty.
	The Academy does not provide appropriate support to DTPs.

***End of Survey Comments, Suggestions, Observations,
continued***

DI Program Comments

I am not sure if any of my coworkers are members of MIGs.

We are happy to accept any qualified interns who select our program. In past we have graduated both African American, male, Native American and gay/lesbian. We do not discriminate other than to require that candidates meet our GPA and work experience requirements.

We tend to not draw a diverse intern pool due to our internship location being rural. We do try to recruit any interested and qualified persons, but mostly we receive tri-state applicants that, from the map, would include one state from the Midwest and three states from the Southeast. For some of the survey questions, you need an 'unsure' response (e.g. if other faculty are part of a MIG). I said 'no,' but truthfully, I'm unsure.

As program director, I have made it my mission to have diversity in each cohort; however, it can be challenging at times.

We have usually between 15-20% of our interns who are diverse on an ongoing basis. Part of this is we are all over the country so have some areas that are more dense with diverse populations. Being a food service company, we have a lot of diversity we do within our company so have systems in place for embracing and encouraging this.

Well done survey -- please share results! We all need help.

This was an informative survey. I was not aware of the diversity strategic plan. We are currently looking at ways to improve diversity in our internship and partnering with MIG's is something I can look further into. The diversity mentoring tool kit will also be helpful for our program. Thank you for these resources, they came at a perfect time.

We are working on creating more support for our students identifying in an ALANA demographic category through one of the Academy's diversity grants for education. I would love to have some kind of a forum where programs working on different ways of supporting students can share information.

Preceptors are very resistant to diversity. Specially, racial diversity....blacks. As a black woman, I was openly told not to fill the program up with 'us'. Blacks/African American are routinely rated or evaluated lower than their counter parts consistently by the same preceptors.

I'm interested in knowing if any other programs have early admission for minorities. I'm the only one in []. Please let me know if anyone else has this. thanks

The midwest is predominately female white dietitians. Our current applicaiton pool. Our current faculty. Good luck with this converstion and keeping things fair, ethical and just! Proud of the work you are doing!

We select our DI based academic merit of DICAS applicants we receive. We provide scholarships to URM for diverse students that matriculate. From my perspective the problem begins with insufficient URM students in the undergraduate program.

***End of Survey Comments, Suggestions, Observations,
continued***

DI Program Comments, continued

For matching purposes, our program puts everyone on the same rating scale with no preference given. We do telephone interviews to avoid discrimination for any reason. However, the DICAS application does not designate any racial/cultural information, so unless the applicants identify their race in their personal statement or via activities, that information is seldom perceived. Honestly, if I DID know and they are in our final group of applicants for selection ranking I WOULD place them at the top of our listing so that we could hopefully match with them and have a more diverse group of interns. However, because our program is rigorous, I am not willing to lower our standards (i.e. GPA, experiences, communication skills, etc) to take in interns just because of their race/culture who may not be suited for this environment.

I direct a free-standing dietetic internship located within a community hospital. I am the only staff member for the program. My preceptors are employed by the hospital and other affiliating sites, so I'm not entirely certain if they are members of a MIG or not as I have a large number of preceptors - my answer here would be unsure instead of no. I appreciate you providing links within the survey - helpful resources!

Our internship only accepts WIC employees, which may explain why we naturally tend to have an ethnically diverse group of interns, without any special recruitment efforts. Good luck with your research! I'm a fellow Bastyr graduate :)

You should have 'I don't know' as a selection for the questions.

<i>Please share the goal(s)/objective(s) in the following text box.</i>
DPD-Goals/Objectives
Goal # 3: The DPD will prepare a diverse cohort of graduates who are competent in serving dynamic, multi-cultural communities. Related Objectives: At least 25% of DPD graduates will self-identify with an under-represented racial/ethnic group in the field of nutrition and dietetics (e.g. Black/African American, Hispanic/Latino, Native American). Among directors of supervised practice programs, graduate school advisors, and/or employers, 80% will rate DPD graduates as 'competent' to 'extremely competent' in their ability to provide service to culturally diverse communities. At least 80% of DPD graduates will rate themselves as 'competent' to 'extremely competent' in their preparation for serving culturally diverse communities.
Increase men in the program. Increase ethnic diversity in the program [Black, Hispanic, Asian and Middle Eastern]
Over a period of five years, 50% of students receiving DPD verification statements will be minority. Over a period of five years, 50% of DPD graduates accepted into dietetic internships and graduate school will be minority.
Program Goal 3 - Retain an ethnically diverse student body to provide dietetic professionals with the cultural understanding needed to meet the needs of the region's population. Outcome Measures 1. Over a 5-year period the ethnic diversity of students enrolled in the DPD meets University diversity goals. 2. Ninety percent of alumni who respond to the alumni survey indicate a score of 3 (Prepared) or higher on a 5-point scale about their perception of preparation to work with ethnically diverse populations in the region.
at least ten percent of students will be from underrepresented groups
DI-Goals/Objectives
We have HRSA grants to attract diverse students into the health sciences. Often we do not attract them specifically to nutrition, but we try!
Our goal is to take as many minorities as possible that meet the admission criteria. We have early admission for outstanding minorities, which would be men and women of color. However, we do not lower our requirements for minorities.
Over a period of five years, at least 30% of students 'matched' to the program will be able to conduct a diet instruction in conversational Spanish.
To prepare a diverse group of graduates to meet the standards of performance expected of entry-level dietitians in any area of food and nutrition practice.
We strive to accept underrepresented groups when they meet our admission criteria.
As a whole the university has a goal of 20% URM by 2022. The university has proposed scholarships to assist URM students who may be interested in the program.

<p><i>Please share the goal(s)/objective(s) in the following text box, continued.</i></p>
<p>CP-Goals/Objectives</p>
<p>Well, like this survey, there is a subtle bias (in this case towards blacks/HBCUs. There are other URMs including Native Americans and Hispanics, and Asians are minorities, possibly underrepresented in dietetics, too! SO yes, to increase minority student enrolment.</p>
<p>To recruit Spanish speaking individuals.</p>
<p>intense mentoring</p>