	Academy of Nutrition and Dietetics

A Systems Approach to Nutrition and Health Equity HOD Recorder Workbook

Fall 2020 House of Delegates Meeting ***October 16, 2020***

These are the notes that were captured during the actual delegate discussions at the HOD meeting and have not been edited.

Day 2: Friday, October 16

Report Out Summary: Actions and Tools

Communications/Advocacy

- Connect with exemplary programs and leaders to develop toolkits/frameworks/templates for efficient program implementation
  - Should not be overly prescriptive; adaptable to be culturally appropriate
  - Examples: food recovery programs, food pharmacies and produce prescription programs, career fairs, local government outreach
- Campaign utilizing high level technology to communicate with schools and students to increase the pipeline of diverse RDs in the future
  - Programs/messages targeted to students at younger ages, such as middle or elementary schools
  - Use multiple technology platforms to reach different age groups and audiences (Twitter, Instagram, WhatsApp, YouTube, etc.)
  - NDEP working on short outreach videos targeting middle school and high school students; have delegates work with NDEP members on this other complementary materials
  - Collaborate with School Nutrition DPG
- Engaging students and younger members through DPGs and MIGs through Zoom and WebEx at affiliate meetings to encourage student participation
- Continue to support the increase in SNAP to a minimum of $30. Prior to COVID 19, the minimum for a single person was $15
- the additional cost (even though it is minimal) seems to be a real barrier to student membership in DPGs
- Interactive tool to identify health disparities and food insecurities to help identify food deserts (perhaps by state)
- Elect national representatives that advocate for legislation surrounding Registered Dietitian Nutritionist provided MNT for special needs and chronic disease prevention and treatment for in-need populations
  - Define nutrition equity
  - Protect licensure for accredited dietitians

    - Reimbursement for nutritional intervention for special needs
    - Support current programs that combat food insecurity
- Tool: Data (from polls, surveys, questionnaires, research) to establish geographical areas of need that are accessible to people outside our field in the form of a call to action.

Grassroots

- Members should share personal work experiences/research through stories that will engage with those we serve to understand their barriers and then creatively think about how we can bring together our partners to use the resources we have to break those barriers. Can be used to highlight work and experiences that have already been done in order to connect people.
- Infographics should have a clear call to action, be printed in different languages and be culturally competent. All content can be developed to be provided on different mediums.
- Action: Mentorship or collaboration with other RD's to figure out what we need in specific communities.
- Tool: Toolkit that identifies a step by step approach on their accomplishments. How to prioritize/Case study and additional strategies for sharing ideas and sharing what others are doing, best practices
- Action: The first action would be to complete an assessment of what resources the Academy and the Academy's stakeholders already have on areas related to nutrition and health equity, implicit bias, best practices so as not to reinvent the wheel or using EHR to address SDOH (ANDHII). As part of the assessment: What data exists within the Academy on the demographics of our members, including who are the experts in certain fields (Food banks, DPP, MOW, etc.), what organizations do they work in, what programs are they doing, etc. Even drilled down to identify the expertise from DPGs and MIGs. Look at grants/funding from the Foundation or other organizations - what exists? How can we, as delegates, affiliate and DPG/MIG leaders market those resources and who the Academy partners with to our members to address the needs of our communities that we serve? (After the assessment - share those resources in a tool)
- Tool: The Academy, along with assistance of the Diversity and Inclusion Committee, could create a toolkit that provides standardized steps that affiliates, DPGs and MIGs can use to address the issue of nutrition and health equity. This "how-to" toolkit could contain information that affiliates can use to activate action within their state in addressing gaps, address continuity of care - for example, how inpatient, outpatient and home care dietitians can work together to improve the health of at risk populations, how to address implicit bias among colleagues, how to market the profession of dietetics to underrepresented groups - outreach to schools, Science Olympiad or other specialized program. Other healthcare professions are recruiting from underrepresented groups (RNs, PTs), how can we market the profession of dietetics more appealing?
- Focusing on health equity and social determinants of health in dietetics education.
    - by focusing/strengthening on our food knowledge, health behaviors, and the stakeholders. Making sure we provide access to nutritional foods to food banks, etc. and providing education and exposure on how to cook foods and the diversity of foods. - could be about lack of knowledge on what these foods are and how to cook- what to pair them with, flavor them with. Seemingly 'normal' foods to us may be foreign to another community.
- Finding out which grassroots exist in our communities and which are successful. The idea is not to reinvent the wheel.
    - What are the gaps that dietitians can fill?
    - What partnerships can they make?

    - Show the cost benefit of preventing negative health outcomes. This will tie in with advocacy, policy and research. And then getting the needed funding from both sides of the political spectrum.
- 2 tool kits.
    - One for educators to teach their students (Starting at the beginning with the students heading into the profession). Making sure they are getting the training and understanding from teachers, preceptors, etc. There may be a big disconnect for students reaching out to unfamiliar or different populations (from their own).
    - Another for all professionals (Resources & visuals that are based around food bias. Like a bias test or a discussion map).
        - discussion-type map. Helps to find out what the issues are. Looking at social determinants of health. Ex: Conversation Map Tools: http://c.aarc.org/resources/cultural_diversity/assessing_competency.cfm
        - Food bias test regarding food and population groups.
        - CEU or mandatory training around cultural competence and cultural humility. Some professionals may not understand their underlying privilege and biases

Research

- Action: Gather information about minority students about why they are not choosing the profession, or why they are leaving.
- Action: Promote or incentivize health disparity research through grants or other programs (targeting education/internship programs possibly through ACEND).
- Focus on partnership and mentorship to move healthy equity research efforts forward. Examples include researchers partnering with minority institutions, such as HBCUs, faith-based organizations, and community-based organizations, to form research collaborations, and DPGs partnering with MIGs to create mentorship programs. Also important to collaborate with universities and/or other professional organizations that support our mission. The primary goal is that research is done both for and by racial minority groups. BIPOC. (Researchers within the academy can partner with MIGs. Academy would have to plan a mentorship program.)
    - Identify and provide targeted funding for collaborative research efforts focused on health equity such as an Academy grant that stipulates collaborative efforts.
    - To promote research from BIPOC researchers that is significant for underserved populations.
    - Create a toolkit that outlines the steps to partner with minority-based/minority-focused institutions and how to encourage these collaborations. However, it is important to keep in mind that toolkits are not always the answer, sometimes go unused or without follow-up.
- Encouraging diversity task forces in a state level and identify focuses that the different states want to have individually to address disparities
    - focusing on the diversity of workforce as well as the disparities and health equity associated
    - need for materials/resources, finances, training to support these efforts
- Tool to help build collaboration to address the issues of disparities like food insecurity / tool that focuses on a smoother transition from hospital to the community
- Assess what the most pressing issues are in nutrition equity, and forming community partnerships within those key areas (i.e. communication, education, behavior change, access, etc.) and

disseminate research ideas/topics to the MIGs and state affiliates for input/feedback - i.e. better communication from the top down.

- A more formal training and mentorship to increase incoming nutrition researchers from diverse backgrounds, as well as to foster the interest and development of younger students in middle school/high school. RDNs and NDTRs could possibly receive CPEs for precepting students.
- Funding for research, scholarships, mentorship programs, training, and reimbursement that focus on diversity, nutrition equity, and health disparities
- Robust research toolkit that will help RDNs get started in research, connect RDNs with research RDNs and NDTRs, enhances research communication within and across DPGs, MIGs and affiliates

Dialogue #1: Grassroots Efforts/Community, Communications/ Advocacy and Research

Question 1: After reading the background information and listening to the spark sessions, what else do we need to know to inform the issue?

Table 1: Communications/Advocacy

- Struck when talking about students earlier. While we are collecting benchmarking data, I want to have better benchmarking data about underrepresented students: how many students are accepted, apply, are within the system now. Talk about the cost of education for students. I'd like to get a benchmark in terms of cost.
    - Does the Academy have goals to increase diversity in acceptance, working, etc. Current, short term, long term.
    - benchmarking: how do program graduates do with passing RD exam? Currently there is some difficulty tracking which cohorts are passing. Maybe CDR can change the requirements with Pearson so see how initiatives within programs are working to ensure graduates from all demographics are successful. What advocacy can we do to support benchmarking data? What are other programs doing?
        - CDR require that names be provided for everyone taking the exam with Pearson VUE to report outcomes to the programs
    - How do we retain students of color? (cost 4 yr -->masters) Money is probably the root cause of what we are trying to accomplish.
        - healthy equity rooted in representing the communities we serve.
- What are the barriers that RDs have experienced when they have tried to do some community programming efforts? It can crossover to policy as well. (Ex. When I was in Tampa, we tried to do a mobile bus to bring food to food desserts- the bus fell under the same rules as a produce truck- kept out of certain areas of the city (some being food deserts). Had to work with policy makers to get ordinance changed.)
- How can we connect these concepts when they are unfamiliar / uncomfortable to us? This may impact constituents' lives very much.
- Surprised we do not have a goal- can help shape our efforts.
- Gathered a lot of data to make sure the goals we write meet the will of members. Looking at published research to make sure when we come up with an action plan it is something we can measure to benchmark where we are and where we are going. Goal- go back to the mission

statement to make food and nutrition available to all society and become a more diverse academy. We have not set anything measurable yet. Working hard, being thoughtful when producing information. Making sure it is based on evidence. Not currently measurable.

- Get a list from HOD members who have worked with organizations in the community and share it with the rest of HOD and members → have a template to follow and ideas to pull from each other.
    - Be engaged with our potential Elected officers. (During the election time they all are holding zoom meetings and personally I am attending 2-3 zoom mtgs on a weekly basis)
- Hear from community members about what they want and need rather than us assuming (going in to save the day). What does the community see as being their needs?
- Start from the beginning. Once we have our goals- how can we start from the beginning/ communicate with the community at a young age? Send interns to speak with students to advocate for the profession to promote diversity within the profession. How do we engage the community/ education of dietetics at the school level? How can we educate more within the schools?
    - include in the curriculum.
- What is the academy doing to promote the profession of nutrition as a career choice? Many people/ practitioners/ students "stumbled" into it as a career. What can we do as individuals and as an organization to promote it as a profession?
    - What are the barriers to the Academy's efforts/ to our efforts as individual practitioners to that grassroots efforts to teachers and students about the profession.

Table 2: Communications/Advocacy

- encourage every nutrition professional to make a contribution of impact; if a member were to donate $10 each, we would be a powerful organization
- encouraging fresh fruits and vegetables purchases with food stamps
- knowing the child food insecurity rate is needed knowledge for everyone
- understanding rates of hypertension, diabetes, etc. will help us better inform leaders in our state; know the health statistics in our communities in order to take this information to policy makers!
- we need wellness screening questions related to equity and equality to see where the patients/clients are coming from as we treat them
- we need to broaden our scope to make a difference in a variety of avenues
- we must think about how to have impact within our members; the Academy here to protect and promote jobs; delegates can promote for these jobs in the Academy if we had a list of examples; the Academy is one way we can promote nutrition in careers
- as one person we can do a little; as a group we can do more
- if you want to go fast, go alone; if you want to go far, go together
- issues of cost make it hard for many RDNs to be members of the Academy; one thing we can teach interns/students is to make Academy membership more affordable/available
- how to get more younger, more diverse particular professionals into the conversation will make a difference
- the Academy needs to market the importance of membership; student membership and new RD members are very inexpensive; this also needs to happen at the student DI/DPD level
- new non-members don't recognize all the Academy is doing for policy, jobs, and progression of the profession.
- taking students to FNCE

- encourage student Academy membership, yet student membership cost is a barrier; maybe student membership includes membership in a DPG in order to network
- to students and professionals: it is a professional responsibility to be part of your professional organization
- an important topic to discuss is how students get exposed to Academy policy and food insecurity in our communities
- we must look at "root causes" and teach students and members how to address these; this will facilitate involvement in communities and advocacy
- students have had experiences making low socioeconomic meal plan projects in school where the students plan meals for a week within a certain budget; as a part of the project they eat according to their meal plan; it's an eye-opening experience for students to understand how people try to eat healthy in their own communities
- many people claim it's too expensive to eat healthy; we should think about how to make food interesting even within a low socioeconomic budget

Table 3: Communications/Advocacy

- Cultural differences: language barriers, literacy barriers, communication barriers
    - Social determinants of health in other languages
    - Specific cultural cues
- Tailor initiative to patients (demographics, ethnicity, age, etc)
- Food insecurity: very high among children
    - rural areas where have to drive 1 hr to get to Walmart; consider all factors that go into eating healthy (specifically transportation)
- COVID policies and programs that can improve lives; short term and long term interventions
- Concrete examples of how equity vs equality compares to better see the difference; see concrete examples "in action" to see the difference

Table 4: Communications/Advocacy

- Need for basic recipes with straightforward instruction
- Refugee and Immigrant population has difficulty finding familiar foods they are custom to
    - Communicating their needs
- Elderly on Meals on Wheels waiting list in dire need for food delivery
    - student & hospital collaboration
    - beneficial for elders -- uplifting & useful
- Define barriers to health & medicine in populations in poverty
    - mentality of "working for what you have" with political pushback for social resources
- Develop participation among populations receiving aid to be a part of identifying and establishing policy
    - *safety net
- Emphasize how WIC supports these communities
    - nutrition outside of recipes & grocery support
    - breastfeeding support & promotion
- Increasing referral of Black & Latinx clients
    - Make physicians aware of dietitian's ability to support minority populations
- Interaction with cultured groups for interactive & practical food ideas
- Discuss social and professional barriers to minorities & BIPOC that may be impacting their ability to seek health solutions

- Thoughtful demonstration of food skills keeping in mind mental, physical & mobility challenges
- Start with an individualistic approach to find patterns amongst populations
- Come up with ways to hold physicians accountable for conveying the importance of referring to knowledgable parties in food security and nutritional importance

Table 5: Communications/Advocacy

- There are a lot of things that we do not know about, we need to be more aware of the resources out there (culminate and share the research and work out there)
    - It is good to be reminded of individual operations under the Academy
- Information overload; we do not want people to skim the information
    - we need to find a better way to package the information
    - Separation of topics makes it easier to target people's interests.
- Streamline ways to celebrate and highlight pre-existing initiatives.
- We lack communication scripts, this can be helpful to have a structure (can help students)
    - Be defined for specific audiences so they can be used appropriately.
- Reminders to listen and understand the audience (patients, clients, etc.), we need to be able to get out of pour boxes and understand u=other perspectives
- Communication is a two way road
- Have guidance in ways to identify stakeholders and other people we may be working with
    - identifying the best partners
- We represent different areas and organizations, so we need to define the roles of how you communicate to constituents and how they can communicate to the people they serve
    - how are responsibilities divided
    - Survey constituents prior to delivering your message
- Having an overall strategic communication plan, reviewing it regularly
- Have a designed time to market and communicate to the general public and then share results with other professionals (similar to a schedule)
- Collaboration and connection with experts so we have the right information.
- If there are clients that we do not serve, we should be able to direct them to the resources that can help.
    - Develop a network
    - Reach out to diversity office within an organization
- Research that can be generalizable to other groups
- There is a big disparity among international students at universities
    - Bring communication to the local level
- Look at the broad picture of what is available for people in order to help them
- Listening is a part of communication that people overlook.

Table 6: Grassroots/Community

- We need to have more info about the impact of COVID-19 on health status in different populations.
- Toolkit on how to approach these issues.
- What should we do first? What is the first step to get started? Something to help us begin.
- Something to help us prioritize what we need to do and what we can do.
- A mentor program to work beside someone who has "been there done that" that focuses on a specific project.
- in depth study on the policies to find the gaps on what we are missing for different people groups.

- I really want to start speaking to High school students to give them overview of how nutrition affects health! Especially in minority high schools.
- A way to get involved in task forces involving mayors and city officials. Go local with our approach in our community.
- Dietitians working together as a team to impact our communities. We are not against each other but working together as a unit. Who do we need on our teams?
- Frame how to approach in communication and working towards advocacy with data so we can target effectively.
- How can we leverage and build on the knowledge of the people in our group doing big things and how to join their groups. Connect effectively in efforts. Internal network that can get us connected to join these and help get grants, people helping out etc.
- Looking for students in the area that are facing challenges that you can help with. Living situations, mentorship, etc.
- Gap analysis on the Academy where people can go to get information or how much the Academy actually does? Make it easier to access the Diversity website. Statistics on what demographics make up the Academy.
- How our business members, our entrepreneurs can be supported and engaged on this initiative. We talked a lot about research, education and clinical practitioners in both acute and community care and public health, but not this subgroup.

Table 7: Grassroots/Community

- A good **survey and data** on what is already being done - needs assessment
    - add community assessment resources to toolkit
    - Survey may not be the best way to collect the data - virtual townhall meeting, reach out to IT experts for ideas
- Survey of Academy members - what do they feel are strong points of the Academy? What issues need to be addressed? Focus on specifics.
- What is available by the Academy - what are ACEND competencies in this area? What does CDR have available from an educational perspective?
    - SMOG readability tool but measures diversity
- Assess Academy members - stress importance of the issue to members; **get members more involved** - members need to stand behind the issue before changes are made
- **Reach out to community partners, organizations** & **utilize all dietitians** within the community to find out what is needed/more info
    - Foodbank, WIC, Older Americans Act, DPP
    - DPGs can send out surveys to experts
    - Engage with faith-based organizations - can easily reach senior populations
    - What tool can we create to get their knowledge?
- Develop **task forces** in each state to gather info & strategically plan
- Minority, older populations need resources - include all groups
- Affiliates need a raise and/or reimbursement from the Academy
    - Increase in dues needed or give higher percentage of dues to affiliates
- Would each task force come up with their own issues by state? or would they address overarching issues given by the Academy?
    - **Standardized toolkit created by the Academy that would allow affiliates/DPG to find areas of improvement by state** - don't reinvent the wheel
        - include state specific data
    - **Share best practices at meetings**

        - Communication board
- **Increase funds** available to kickstart programs - grants, etc. - money can motivate action
    - Increase insurance reimbursement
    - DPGs, Foundation
- Interpersonal - bring families together to engage and be supported
    - Families that spend time to eat together have more nutritionally adequate diets
- Address long-term consequences of COVID-19 on senior population
    - isolation negatively affects health
- **Discuss with community, state, federal leaders & policy-makers , health care administration**
    - Continuity of care - hospital to community care; policy leaders - Interdisciplinary care teams
- Lack of diversity in dietetics - dietitians admit biases hamper the need to do their job
    - Need more diversity training

Table 8: Grassroots/Community

1. What do we know about our stakeholders' needs, wants and preferences that are relevant to this decision?
    - Thinking about what other organizations are trying to do like minded work and doing it well. Who is out there making progress at a fast pace?
    - Cultural eating patterns. Bias on "right eating pattern to promote health". Outreach to enhance cultural competency. Making people feel more comfortable by preparing them appropriately. Create delicious foods that promote health.
    - How do we find out what stakeholders want? Finding out more how do we identify these needs? Where do we start? How do we identify stakeholders?
    - Community centers - where do our stakeholders congregate? Churches and places of worship and faith based centers, schools, community centers. Reach out to these leaders.
    - Students/parents/caregivers are critical and have done a great job of modifying their services to keep up with current needs/ challenges.
    - Grocery stores, farmers, and providers for food. What is the RD's role in knowing what the stakeholders have in mind?
    - Understand the supply chain. We have to understand who are the people involved in each step of the way, from where it is made to the hands of the individuals consuming the product.
    - These will help drive people's impression/ understanding of what good nutrition is and this will help increase awareness of our profession among cultures, etc which may also help increase diversity.
        - Distribute fresh and canned fruits and vegetables to meet everyone's needs. Move away from biases that 'fresh is healthier'. Frozen and canned is good too!
        - "good food movement" - good food is good medicine. Focus on nutritional benefits. Food advocacy groups.
2. What do we know about the current realities and evolving dynamics of our environment that are relevant to this decision?
    - Using people from their own community as health educators. We don't have enough RDs in our profession to truly represent the community we're in. Need to hear positive stories within the dietetic community and messaging.
    - Increase level of diversity. Relying on other professionals.

- How can we tap into ACEND model. New Associate degree credential w/n our dietetics model. DTR program changing into BS program.
- Healthcare system doing health needs assessment - this may be a good place to start.
- Barrier: coverage to MNT. Find out if insurance companies are covering these things.

3. What do we know about the capacity and strategic position of our organization that are relevant to this decision?
    - What other things are being done to diversify our workforce across the country for dietitians and other occupations.
    - Partnering with groups that are doing work in diversity. Database of activities.
    - Our capacity is incredible throughout the country. We can each have an impact within our community. There is an opportunity for every member to use their skills and expertise.
4. What are the ethical implications?
    - Through CDR, we need to get credits in ethics. This topic can be used to reach that requirement. Making sure this is done with cultural humility. Not imposing, but collaborating with the stakeholders.
    - Gaps in health disparities will continue until our workforce matches the community.
    - We are not the most diverse career path. How do we make sure we are not missing stakeholders based on our own biases? How do we get outside our own perspectives?

*This is all impacted right now with COVID-19. Communities in need are being impacted now more than ever. Needs are growing.

Table 9: Grassroots/Community

- Specifically, what are the specific needs of the state/community that we live in? How can we address these needs and fill in the gaps in our own knowledge?
- What is really needed in the state? What have other RDs done? Compilation of a list of ideas / projects that have been implemented in the communities for both a state and national level.
- How can we help to create standards (data, terminology) to help on the informatics side of things to better understand the problem? Are there gaps in the current standards? Having standardized terminology/ foundational work so that researchers can take studies to the next level.
- State approach → what of the needs of our state? Who should be involved? What should we do? How can we help?
- We need to expand in both the State and National level in terms of data reporting
- Cultural humility is bigger than ourselves
- Tools or solutions that are standardized that can be implemented for the next generation of dietitians
- 5 public health regions, and a state plan (Healthy Act of Arkansas, looks at environmental influencers on food)
- look at which region needs the most help
- lack of connection within the state (in terms of both the RDs and the community)
- trying to get a better understanding of the public health / government
- What's already been done? Taking data to assess the efficacy of current programs!
- What are some untapped resources that these programs have available to them that they don't know about?
- How can we use data to bring all of these programs into an area where they are most effective and efficient?
- How do we know what others are doing?

Examples / Challenges / What's missing:

- Not many people of color to deliver the grassroot effort; lack of diversity in our profession
- 2% of RDs are Black
- Cultural humility will be even more important with reaching minority populations
- Good representation of our profession is important!

Table 10: Research

- 10,000 ft view, economy, cost of living and jobs, affordable education, living wage for all. Hard to remember when they had last eaten fruit and veggies because the cost of food/living is so high. Pts need enough money, have to have access, RDNs all need to be advocates for food, free college, increasing min. wage. Many bigger issues to handle so that communities have the opportunity to consume a healthier diet.
- Concerning the Academy's plan to require MS for RDNs, and BS for DTR. If it's required before people can get jobs, it becomes less accessible for minority students, if these students don't have enough income, how can they start working and further their education? Makes dietetics profession inaccessible to many groups. We need to study if increasing the educational requirements in turn changes the make-up of the individuals going in to our profession.
- What are other non-dietetics orgs doing as far as research for diversity, inclusion, etc. Other professions doing investigative research studies, look into these. Can we collaborate with these other orgs to partner and get them to look at nutrition aspects. Funding: are there other organizations nationally that we could get funding from? Nonprofits that could sponsor nutrition research.
- Who can we form alliances with that have goals that align with ours? Work in numbers to make a dent in the inequalities.
- Why are students not choosing to go into the profession? Is it cost, years of school, disinterest in the profession itself, lack of mentors?
- Nancy from Puerto Rico - Nutrition research that will help to see what has been done, and can we share these results between similar minority groups. Funding to talk to people in the community, such as focus groups to get information about special needs of the population. How do they want to be taught? Do they like brochures? How can we distribute these resources, make sure they are culturally relevant (in preferred language - ie, Spanish). Expensive for students to complete the DI in PR, loans are not enough and must have to work on the side and may not have time to focus on DI. Do not get the same benefits in PR form the academy (such as insurance) yet students pay the same fees as peers in the states.
- Challenges for pts living in rural situation, food desert, access to food can be difficult. Immigrant population may need translators. Time restriction makes it difficult to form a good relationship with the pt when only given 20 minutes for appointment. 90 minutes for an initial appointment to get good outcomes. How can we advocate for the time to form this relationship?
- 1-3 goals to research. Go into the communities and see what they think is the problem and why its a problem. How can that change be made? Start with the communities and ask them what they want and need rather than assuming.
- What are past barriers to implementing? What can we do differently to improve success? Research programs meant to improve access to care, resources, etc. Learn from those that are successful and figure out why some are not successful.
- Look around our communities to seek their needs. Share with other communities. Agree with Nancy, disparities. Partnership with other organizations to seek funding and work with communities. What resources does the community have? Farmers markets to make these foods

more accessible to people with low income. Not enough income for healthy foods, too much income for assistance.

- Additional research into what barriers there are to joining dietetics profession. Need cultural change in the US to have a better understanding of what the dietetics profession is. Need for additional research in making dietetics more known in the communities.
- Looking at match rates, majority minority students are not matched to a DI. Huge gap, try to understand why they are not matched in the first round, as these students are equally qualified. Building trust with these communities, learn how to build trust with various community groups. Find the best approach to help them. Why are RDNs changing fields form dietetics to RNs, PAs, etc.
- Increase cultural competency and awareness in internship interviewers. Example: Hispanics look down as a sign of respect, but this may be seen as a lack of confidence.
- Minority students frustrated by the lack of respect for them and the profession (remaining at the lower positions rather than advancing).
- Two main areas that have been discussed: diversity in profession itself (schooling, etc) vs nutrition equity in the communities that are being served.

Table 11: Research

- Give space to minority voices! Voices that are normally amplified in the space (cis white women) should lend these discussions to minority voices.
    - We don't know what we don't know: allow these voices to guide the direction of these discussions. The more input we can have from minority voices, the better.
- Learn and understand what other partners are doing. Allowing the Academy to collaborate and move forward with efforts that highlight and advance research from underserved communities by minority researchers will result in a broader, more complete outcome in this area.
- Build research funding collaborations. What can we do to lift up minority researchers to facilitate research progress in this area?
- Encourage nutrition education research through highlighting the best practices to teach equity and diversity in nutrition curriculum.
- To become better active listeners to enhance understanding on this topic. How have people been successful with these partnerships?
- We need more data on academy members from underrepresented groups because current data is incomplete. Members have the option to select "other" for race and ethnicity, which may distort the different populations that exist within the Academy. Overall, we need to collect better, and COMPLETE data on the
    - The diversity and inclusion statement includes aspects such as religion, socioeconomic, political, and disability, which should also be important parameters to include when collecting data member representation.
    - Complete data will allow us to make benchmarks for these topics for research purposes.
- Collaboration is necessary. It is important to not reinvent the wheel, but instead partner with other advocacy organizations that currently work with underrepresented groups. Learn from those that have gone before us.
- Programs across the country have developed opportunities to attract and retain a diverse student body into dietetic programs to ultimately increase diversity within the profession. We need research that reports on the elements that lead to that success because it opens up opportunity to other dietetic programs.
- Next generation of registered dietitians: What are the barriers to dietitians for dietitians that serve underrepresented communities?

Table 12: Research

- Race differences and active duty members and being in food deserts.
- Community Problems
- Lack Physical activity Resources linked to obesity
- Race diversity (Need more inclusion)
- Low socioeconomic status families
- Wix and medicaid complications
- Breastfeeding and diversity
- Needs systematic research
- Recommend helping families use resources
- Too broad, need more specific solutions
- People feel like they need to give up their culture to be healthy (More inclusive research)
- Need more research that focuses on the socioeconomic model (Increase fruits and vegetables)
- More Inclusive Research (Breastfeeding/ Community)/ Need more access
- Vaccine Testing (Discussion in the healthcare environment with minorities/ Trust issues)
- Elderly isolation (COVID-19)/ Affects their mental health
- Return on investment data
- More Support with conducting research
- Programs in place to change outcomes of the people's quality of life
- More inclusive research

Auditors Table 1

Communications/Advocacy

- Communicate with state and county level legislators that are already working in D and I and participate in grassroots
- continuation and dissemination of PP in health equity to help stay up to date

Grassroots/Community

- access health care community data within our state
- and links to each state
- Share information from data from each state to work together
- Gather mentor list like Roiece Weaver
- Identify alliances in our own communities that are working on D and I

Research

- research on more diverse population
- find funding opportunities
- Address gaps in the Dietary Guidelines and not wait
- grassroots efforts to motivate undergrad diverse students and fund research
- dissemination of what others are doing to advocate for training diverse students in research

Auditor Table 2

- Liked focus on grassroots and communications. Wondered about the diversity within the profession itself. In CA, membership is talking about that quite a bit? Not just reaching out to diverse communities to educate but reaching out to potential RDNs to diversify the field.
- Speakers are doing AMAZING things.
- We can work very hard to increase health equity for our patients but without improved diversity and equity in our field it will make that task much more difficult.

- Important to have a list of best practices that some of these programs have put together for their interventions so we know what might work well compared to something that we have never done before. Help guide those who have not tried this before.
- Academy project in 2016 to identify barriers/challenges to increasing diversity within the profession. Journal article on this (listed in the diversity section of eatrightpro).
- Getting information to RDNs on what information is available and where to find it.
- Useful/helpful to have MIG resources for practitioners, educators. MIGs are listed but the resources that they have available are not readily available. – what resources are available for different resources
- Data/resources categorized based on lifespan/life-stage related to cultural backgrounds. Literature tends to lump everyone together based on either life stage or culture/ethnicity. Would be very helpful to have better break down of this information.
- Database of resources that is has a wide variety of options (beyond even Black, POC, Native American).
    - If we had resources, and were categorized by life-cycle, culture, ethnicity; this could assist in spurring new research projects/areas
- Emphasize collaboration – how to get group/affiliate Board of Directors involved and on the same page (as diversity liaison has been able to learn so much)
- Increase collaboration with other key groups
- Have a panel discussion on what are some of the challenges that dietitians in your area have with diverse populations in your area (Syracuse does an inter-professional graduate seminar (spring series of conferences and discussion activities) collaborative activity to work on community issues related to neighborhood violence, homelessness, other culturally relevant issues in their area
- Do not work in silos, user our resources and collaborate for solutions
- Increase student programming for overseas study abroad programs (post-pandemic).
    - Will expand student and RDN world-view (able to see what dietitians in other parts of the world with fewer resources are able to do)
    - Looking at other parts of the world with relation to culinary, sustainability (add to diversity resources, provide continuing education credits)
- Diet techs – what's the involvement in meetings such as the HOD – they are crucial in the community so should be involved at all levels
- As an educator, making sure that we are recruiting and getting students into our programs (and having faculty) that are diverse – the needle has not moved much in 10 years despite the work that we have done. Policy may have helped move the needle more. You cannot mandate morality, but policy can require this –
    - Suggestion – add in standards or even just reporting to ASCEND where you have to report what you have done and your numbers
        - Then explain why improvements are not being made and what is needed to assist
        - This can create a sense of accountability for the programs
        - Understanding that there are some areas of the country where recruiting diverse students can be more difficult than others
    - Create a large/national project to show how programs are improving diversity in the field and in dietetics programs
- Often it can feel like educators are reaching out but there are not a lot of results

    - Other barriers can contribute to lack of increasing diversity despite those who are putting the effort in: including socioeconomic status, personal situation (cost/length of program & internship)
    - Starting early is helpful
- Get more information on students that don't complete the program – Do we have a way to capture that data (why do they not complete the program)
- A way to support the HBCU – a lot have dietetic programs (mentoring and scholarship program from NOBIDAN) these students are reporting back that it is still difficult to complete program and then get an internship
- Mentoring for all diverse populations – someone from the cultural background of a potential future dietitian could help greatly
    - A lot of times even if a diverse student gets into an internship could greatly benefit from continuing to have a mentor to help them cope with what comes with it (including micro-aggressions)
- NDEP and D&I committee(?) are looking at creating 1 minute recruitment videos to be used as early as elementary school (junior high and new one for high school): can be used by the school dietitian
- Encourage students to volunteer with DPGs (even just one activity) – brings a lot of ideas

Dialogue #2: Tools and Actions

Question 1: What actions or tools need to be created to accelerate nutrition equity?

Table 1: Communications/Advocacy

Actions

- Be part of career day
- Go to local govt mtg (mayor) to ask what these officials think the community needs in terms of food communication (other than food banks).
- Look into archives to see if there are templates from SPRC- update what may have been effective.
- Recover and redistribute food to low-income areas, Produce prescription program
- Use connections to implement new programs
- School nutrition DPG may gather the information needed to make effort to explore career day
- Engage DI directors and professors to involve students
- RDs develop partnerships with local food advocacy groups & community non-profits who address food insecurity & provide nutrition education, provide cooking demo on culturally appropriate foods

Tools

- HOD
- Checklist for HOD to facilitate communication
    - used to be a division called SPRC for every state (now: diversity liaison)
- get credit for pro bono work (?)

- Framework/ toolkit to get started
    - e.g. career day (talking points, communication tools to send to schools) (who do you contact to get involved?)
        - link to a previous reference to the SPRC program that was being advertised by the Vermont affiliate: https://www.eatrightvt.org/page/career-days-or-job-fairs
    - develop a list of network connections
        - local govt (council looking at food security)
    - list of HOD members with success and who were their partners (expand- what regulators do you need to involve)
- Connections
- Standardized curriculum
- Communication tools
- Advocacy tools
    - digital template (Twitter, Facebook, Instagram, WhatsApp, LinkedIn, YouTube)
- have a goal list/ timeline to increase awareness in the community if using the delegates to promote diversity in dietetics

Table 2: Communications/Advocacy

Actions

- engage students in DPG and MIG to peak interests and expose students to what the Academy can offer ‘
- **engaging students and younger members through DPGs and MIGs through Zoom and WebEx at affiliate meetings to encourage student participation**
- Requiring student involvement at affiliate members
- Providing a payment plan for students to be involved in these groups
- how to engage student and young members in DPGs and MIGs
- continue to support increase in SNAP to a minimum of $30; prior to COVID-19 the minimum for a single person was $15
- we need more people to sit around the table of discussion and decision to contribute to these issues
- we should promote the research and trends in order for members to be aware of the changes that need to happen
- it takes the leader to be engaged in the Academy to get those under them (students or professionals) to get on board; encourage networking at FNCE
- we need to develop payment plans for the Academy; possibly having reimbursement for RDs and students (a college may be able to have a scholarship program to encourage Academy membership)
- Have affiliates/DPG's & MIG's identify coalitions, organizations and/or community boards that members can engage with and involve students
- involving students in meetings
- encouraging Academy membership is a responsibility of the Delegates; at meetings we can address all of the benefits of the membership of the Academy
- **Continue to support the increase in SNAP to a minimum of $30. Prior to COVID 19, the minimum for a single person was $15**
- Stretching out payment options for memberships would likely be helpful to student members as well as active members
- local DPG members should be encouraged to recruit others in their spheres of influence; send a speaker to an affiliate meeting

- **the additional cost (even though it is minimal) seems to be a real barrier to student membership in DPGs**
- the student scribe was asked to share, she expressed finding it hard to be active as a student member and not yet a professional; we should look at navigating how to intentionally include student DPG/MIG members in the groups to be involved
- it is vital to engage our younger RDNs and students; it is especially important we look at ways to increase student membership within our minority student groups and understanding that these students may have additional barriers to participation in the Academy at all levels
- make the Academy appear more progressive and cutting-edge in order to engage skeptical RDs

Tools

- infographic for students and professionals with actionable steps
- a talking-points piece from the HOD discussion for delegates to share
- **interactive tool to identify health disparities and food insecurities to help identify food deserts (perhaps by state)**
- we need to make D&I Tools national and local; we can consider creating a national data set of members who are already doing wonderful work in D&I space; create affiliates specific D&I project and tap into the data set to accomplish a major initiative
- we would love for D&I tools to help disseminate and make it particularly applicable to each affiliate/region/local district so that information is spread at the affiliate and local level
- encouraging dollar stores need to carry healthier foods; if they are doing so well and are so big they have the means to provide fresh fruits and vegetables, especially if the public wants it

Table 3: Communications/Advocacy

Actions

- Subject matter experts in Washington as groups or individuals for on demand training on a particular issue
    - Talking points- highlight of things to share provided for rest of us; unified message
    - Local level → Advocating in communities and being aware of current needs; creating alliances with local organizations to help provide food, how to prepare food, etc
    - Rally around DM and obesity
    - AND task force on the USDA/HHS Dietary Guidelines Committee (reviewed every 5 years), **insuring diversity/inclusion** there is a possible way to be representative of AND at a policy level
- Without funding through Academy none of this is possible; funding from sponsors or resource to find funding sources
- Public service message about mission and who to call on for areas to address nutrition equity issues; find RD
- No medical code of food insecurity

Tools

- Create checklist/script/ teaching tools for RD's (practitioners/educators) to use when implementing policy or creating a program so they don't forget social determinants of health
    - Go-to-guide taking into account income, transportation, literacy, etc
        - Translating social determinants of health
    - Tool tailored to each environment: access to healthcare
    - Grassroot outreach tools and resources that can reach everyday American consumer (ex: Boys and Girls Club)

        - Show them how to prepare foods
        - Education on how to prep veggies if they don't have prior knowledge on how to prep veggies
            - Such as: beets, artichoke, asparagus, jackfruit, eggplant, Brussel sprout, fennel, leeks, chard, squash, etc
- Theme amongst speakers today: funding for programs; fill gaps in advocacy realm
    - pharmaceutical

Table 4: Communications/Advocacy

Actions

- Identify where the need exists
- ***Elect national representatives that prioritize nutritional need
    - and recognize the specialty of dietitians
- Promote education & healthy eating with efficiency and consistent staffing
    - ensure funding
- Include faith based organizations
    - utilize these communities to communicate nutrition programs
- Bring attention to individuals with mental health conditions and their ability to prepare nutritious meals
- *****Elect national representatives that advocate for legislation surrounding Registered Dietitian Nutritionist provided MNT for special needs and chronic disease prevention and treatment for in-need populations
    - Define nutrition equity
    - *Protect licensure for accredited dietitians
    - Reimbursement for nutritional intervention for special needs
    - Support current programs that combat food insecurity

Tools

- ******Data (from polls, surveys, questionnaires, research) to establish geographical areas of need that are accessible to people outside our field in the form of a call to action.
- Committees, Task Forces to brainstorm specified subject matter surrounding specific needs
- Rapid Needs/Risk assessment tools
    - acquire info & respond quickly
- Hired representative to ensure action is taken
    - address questions & focus on data
- Assessment of mentally impaired people's accessibility to food preparation
- YouTube videos of simple food prep
- A digital library of developed resources (recipes, videos, handouts, infographics)
    - compile ideas in one, accessible place
- A tool to identify what your legislators stance on health & nutrition related bills
- A tool to identify what specific bills your legislator supports & sponsors.
- Adjust evaluation forms to be more sensitive to diverse genders

Table 5: Communications/Advocacy

Actions

- The Academy should hire a full time position for diversity and nutrition equity
- Figure out what the shared vision is (have a town hall)
- Have a plan in place to track the effectiveness

- The Academy partnering with other organizations (AMA, American Academy of Pediatrics, ASPEN) can be beneficial to identify social determinants of health.
    - This is a lot of work to do alone
    - We will not have to reinvent the wheel.
- Partner with social media groups that focus on diversity and inclusion.
- Highlight the work that is being done by members
    - Use the network of people in the Academy
    - will help to generate discussion and ideas
- Engagement for members to submit an infographic they are passionate about (can receive something as an award).

Tools

- Infographics to communicate
    - Food insecurity and food deserts in our local communities (customizable to location)
    - Have relevant information that will inspire people to take action
    - Helps delivery of information be less overwhelming
    - Communicate the difference between nutrition equity and equality
- Stories or videos
    - Should be from the members of the Academy so the stories are more effective.
    - Educational and testimonies of Academy members
    - Can inspire others and help connect people
    - Limit time (2 minutes)
    - Topics
    - What is done with the stories?
    - Do not limit to just academy members.
- Academy webinars

Table 6: Grassroots/Community

Actions

- 4 Environmental scan or needs assessment on the nutritional health status from the impact of COVID-19.
- 6 Mentorship or collaboration with other RD's to figure out what we need in specific communities.
- Thinking about meeting the needs about specific individuals (focus groups, open-ended counseling) How to conduct focus groups.
- Community needs assessments, collaborating with local gov, by attending town hall meetings to get to the next step in program development
- Reaching out to younger members of the community on nutrition, health and careers and implementing programs to do this. Involving role models they can identify with
- Development of a Diversity award for people making a difference and implementing scholarships.
- A gap analysis in diversity and advocacy for the Academy.

Tools

- 2 A reference document on the COVID-19 impact on certain populations.
- 2 Training/Guide on how to do focus groups, framing questions, etc.
- 5 Toolkit that identifies a step by step approach on their accomplishments. How to prioritize
- Monthly published article in the journal showing what people are doing 5

- A blog for diversity and inclusion
- 5 Case study and additional strategies for sharing ideas and sharing what others are doing, best practices
- 2 A way to connect people in terms of their common interests.
- 2 For the academy to provide subject matter experts to the affiliates for their annual meeting.

Table 7: Grassroots/Community

Actions

- Needs assessments/collect data
    - virtual townhall meeting
    - surveys
    - from within the Academy
- Engage experts & stakeholders
    - Academy, DPG, community partners, tech experts
- Increase funding
    - grants, Foundation, organization
    - Academy support for grant writing
- Continuity of care
    - Work with policy-makers & healthcare admin
- Review current Academy materials for
- Address implicit biases & lack of diversity within the dietetics profession

Tools

- Standardized toolkit that can be tailored at the state/community level
    - Include state data
    - updated Academy resources
    - grant-writing tools
- Communication channels
    - Meetings, google doc, online forum
- Task forces
- Use EHR/health informatics as tool for continuity of care
- Toolkit for reducing implicit biases as dietitians

Table 8: Grassroots/Community

Actions

- Starting at the beginning with the students heading into the profession. Making sure they are getting the training and understanding from teachers, preceptors, etc. There may be a big disconnect for students reaching out to other populations. Education and internships lead the students to where they are now.
- Review of curriculum. Students want to take initiative, but students are being taught the same thing.
- Give students more diverse perspectives. Example: Culinary students' exposure to food is less intense. Incorporating more exposure.
- Attract students from different backgrounds.
- Look at social determinants of health.
- Making sure we provide access to nutritional foods to food banks, etc. and providing education and exposure on how to cook foods and the diversity of foods. - could be about lack of

knowledge on what these foods are and how to cook- what to pair them with, flavor them with. Seemingly 'normal' foods to us may be foreign to another community.
- Nutrition education in middle schools/high schools. Public policy and public education.
- Focusing on health equity and social determinants of health in dietetics education by focusing/strengthening on our food knowledge, health behaviors, and the stakeholders.
- Identifying who is doing high impact health health interventions and how.
- Finding out which grassroots are successful. Educating ourselves and students. What are the gaps that dietitians can fill and what partnerships can they make?
- Going to major foundations. They are all looking to fund these grassroot organizations, especially during COVID-19. Can also look to see who they're already supporting as a place to see what's in our communities.

Tools
- Tool kits for educators. Educators are not representative of diverse populations. Route for curriculum development to decrease various roadblocks.
- Being proactive in curriculum development. (ASCEND working on new requirements addressing cultural competence and humility)
- What are we going to add to get new ASCEND guidelines in diversity incorporated?
- For people in profession: discussion-type map. Helps to find out what the issues are. Looking at social determinants of health. Ex: Conversation Map Tools: http://c.aarc.org/resources/cultural_diversity/assessing_competency.cfm
- Visuals related to food bias. example: canned green beans, how to make them work vs frozen or fresh.
- Food bias test regarding food and population groups.
- CEU or mandatory training around cultural competence and cultural humility. Some professionals may not understand their underlying privilege and biases.
- Something that shows education of canned green bean vs frozen vs fresh and their nutritional values
- Education on cooking techniques/how to meal prep/how to make their own food to implement into schools and youth organizations- scouts, 4H, etc.

Table 9: Grassroots/Community

Actions
- Encouraging diversity task forces in a state level and identify focuses that the different states want to have individually
- Combating the lack of diversity in the profession by changing the internship costs/ possibly providing a stipend for future interns

Tools
- Tool to help build collaboration to address the issues of disparities like food insecurity / a cross-sector
- tool that focuses on a smoother transition from hospital to the community

Table 10: Research

Actions
- Promote or incentivize health disparity research (target education programs). Through ACEND to get students involved.
- ANDHII: collecting info on care provided to pts. Under assessment arm, does it collect info on

race, disability, food insecurity? Are there elements in ANDHII to help collect info on clients on health disparities and demographics?

- Provide more opportunities for minority students to get into the field. Getting these individuals into a program that helps them with mentoring and DI prices. By getting more students can avoid other professionals giving nutrition information when they don't have the necessary knowledge.
- Pipeline grants meant to reach out to underserved ethnic minority students and connect them with programs. Work with WIC and be able to have DI paid for through a program like this. Giving DI hours to people who can show they are able to complete the competencies.
- Track minority students and their outcomes.
- Gather information on barriers for students and members, asking students and members about these. Use information gained about barriers to create evidence based toolkits.
- Gathering information about communities where we want to increase equity
- Discuss how to link concepts. Discuss how to create research that is reproducible and applicable.

Tools

- Nutrition research network: develop toolkit to help them to conduct quality improvement projects.
- EAL: developing something on topic of health disparities.
- Develop evidence based toolkit to help providers with nutrition equity. Essential components: specific information about different cultures, survey to ID barriers, hard to determine what would be important without the information from research
- Toolkit about how to teach and work with people from different cultures. Connect to interprofessional practice to improve care. Would need to be a validated tool

Table 11: Research

Actions

- Focus primarily on the current events (COVID-19 and police brutality) that have highlighted the need to bring awareness to the disparities among underrepresented groups.
- Partnerships with minority serving institutions and community based organizations as a way to leverage research funding to this important topic.
- To validate methods for assessing dietary intake for people of color.
- Create alliances between institutions to help fund research in certain areas (ex: weight management in underrepresented communities).
- Does the Academy's Council on Research have many researchers who have experience with NIH funding?
    - The Academy needs to have NIH researchers involved
    - have people with experience on the council to obtain funding
    - Who is the PI? How is the RD involved in the NIH research process? What is the role of the RD in research? Does the PI need to be the RD?
        - How can the research DPG encourage RDs to make more presentations (other than FNCE) at conferences to bring awareness to nutrition agendas?
    - PI controls the funding and will take it with them if they leave.
    - An RD that is PI would be optimal
- Create a toolkit to make it easy for students and professionals to access for free
    - Making sure the toolkit can be utilized by DI programs.
    - The Academy has a research toolkit currently
        - How can we disseminate this current toolkit better?

- Give minority groups a voice when studying underrepresented populations. Work with them while developing the study to create a project that is sensitive to their needs and is informative to the topic at hand.
- To create an environment that highlights that underserved groups are not being used only for research purposes.
- Identify and provide funding for these efforts.
- Toolkits may not always be the answer to problems
- Provide this entire webinar series to all constituents instead of just house delegates.

Tools

- What about Me-ism: when conversations about race get uncomfortable, it is important to remember that this conversation is about racial and ethnic minority groups and how we can bring awareness to the disparities among these communities. How can we increase diversity within the Academy? During these discussions, it is important to recognize microaggressions.
- Building a mentorship program to bring more minority voices to the nutrition research space and dietetics profession.
    - be able to reach out to a more diverse population
- Creating tools to help bring practitioners without research background into the research space. We have current tools to make it easier to get involved with policy, so it is important to make more tools from the academy to make it easier to get involved in research.
- Give concrete instructions to partner more effectively within and outside of the Academy. How do you create partnerships at the organizational level? Bring this question to apply to research within this area. How can I contact someone to bring them onto a research program?
- What is the edge that a project may have to obtain a grant for research? Partnering with organizations to bring
- Difficulty with creating these partnerships; writing another org into the grant. Networking between institutions.
- How can the Academy foster these partnerships?
    - Is there a way the academy can build their structure to make these programs more robust?
    - What can be done to bring more minority-based research to the forefront?
        - Focus on JAND- what do they choose to publish?
        - JAND publishes quality research
            - *Develop* quality researchers to attain this
            - JAND has tools to show that it is quality study
        - How are research studies disseminated? What do research selection processes prioritize? Would it be possible to prioritize research focusing on minority communities?
    - The steps to gain support for collaborations:
        - Set up funding opportunities to pay for speakers to attend an organization to speak.
        - Funding would be in the realm of possibility
    - DPG funds pilot research projects; pilot projects could be between minority institutions and investigators to provide more data for a grant application.
    - NIH has more funding for diverse investigators
- Toolkit for diversity, equity, and inclusion:
    - Must describe how to include good design methods and use the correct statistical methods.

    - Thinking to the future: how future education models attached to graduate degrees may bring more practitioners that will produce sound research
    - Include how to identify areas of research that will identify an institute for potential collaboration
    - Incorporate basic research principles in the toolkit.
- Create a tool for the "how to" for conducting research, translating research, and disseminating research
- Research DPG could partner with MIGs on mentorship and webinars to encourage research and strengthen mentorship with underrepresented students.

Table 12: Research

Actions

- Assess what big data might be useful
- More appropriately capture people of mixed race/ethnicity by having better questions/eliminating questions that are not inclusive - this will allow us to collect better data
- Training/mentorship of future nutrition researchers, as well as existing nutrition professionals engaging in this type of research
- Disseminate research ideas/topics to state affiliates for input/feedback - i.e. better communication from the top down
- Recruit and increase community engagement of younger people in diverse populations to inspire them to engage in nutrition research. Expand this to areas of diverse populations and engagement at even younger ages (i.e. community gardens).
- Changes in undergraduate requirements/outreach/education to help facilitate careers in this area/nutrition research
- Scholarships, financial aid
- Use twitter and other social media platforms to engage younger people and work toward making nutrition more "trendy"
- Form community partnerships
- Adding research requirements into DPD programs
- Emphasize that research is the basis for community programs. You can't have one without the other.
- Reframe what research is - so that students know what it is (it's not just statistics)
- Assess what the most pressing issues are in nutrition equity - more broad categories (communication, education, behavior change, access, etc.)

Tools

- Funding for research and education in this area
- Nutrition education materials that represent different cultural food preferences
- Funding research mentorship programs, like the NIH and USDA have
- Research portal to access ongoing studies
- Develop a toolkit for RDNs to use at schools to encourage young students to become RDNs
- Toolkit that connects community RDNs with research groups/research dietitians
- Toolkit for getting started in research

Auditors Table 1

Actions

Research

- more funding for research,

- fast-tracking publication of research
- Encourage up and coming diverse RDNs to apply for Foundation grants but need to look at application process
  for the process and be leaders in the change
- Build program the are examples for other states and inspire others
- Encourage advocacy to require Cultural Competency and Cultural Humility at Federal, State in institutional level for health care providers

Community

- for the individual at the grassroots level form alliances with community partners (e.g Diabetes Action Alliance of Maine)
- Food recovery programs
- Modeling and share programs developed an all areas of practice

Communications/advocacy

- grassroots efforts to affiliates and DPGs to document stories of success and reporting harm to support efforts to protect the public, enhance quality of care and promote self-regulation
- CDR require Cultural Humility/Cultural Competence for licensure requirements CPE that supports our ethical obligations and improve access
- State of Oregon has a licensure requirement for cultural competence
- Build on the Health Equity Summit that includes internal external stakeholders - 3000 people at year two

Tools

Community

- Questionnaire to sample barriers to social determinants of health question (two question food insecurity tool in my hospitals systems EMR asking patients about food insecurity)

Communications/Advocacy

- Short video of rationale for and how to use the new Academy Incident Reporting Tool for documenting stories of success and reporting harm to support efforts to protect the public, enhance quality of care and promote self-regulation

Podcast

- Tools for educational institutions on best practices possibly inside and outside our organization

Auditor Table 2

- Tool: We should understand different cultural backgrounds (i.e. what are the traditional foods, holidays/festivals) – so that we can make nutritional recommendations based on foods they are familiar with. Then we can make recommendations on what to eat more of or how to make traditional foods healthier.
- Include nutritional ethnography (assessment tool that is used in psychology, anthropology, etc) – gives good background on culture
  - Dietary Acculturation – length of residence, age, gender, etc (items that will highlight the social determinants of health)
  - Dietary assessment tools (24-hour recall, food frequency) but that are tailored to the community needs – food questionnaire with foods that are not eaten by that community will not provide the information that we need (if you don't ask you don't know)
- Tool to assist with creating Focus groups within the community

    - Different focus groups for the different cultures – essential for needs assessment specific to that culture within your community (what does the community even want).
    - These are very important (for example we generalize all Asian cultures together). Focus groups would really help you understand the difference between cultures that are often treated as one when they should not be
    - Instill this skill early in our career – create assignments for students.
        - Example: multiple cultures with some overlap to show genuine information about that community. Must even find traditional dish of nutritional concern and alter it/serve it (30 minute presentation on each)
        - Example: students interview someone from a different culture – 24 hour recall & food frequency questionnaire (5 american foods & 5 foods from that culture); learn about that culture and present information
        - Study abroad program helps with this as well
            - Did a project with children in India – recommendations changed after learning real-life challenges
        - Confirmation that the study abroad programs are extremely powerful to change perspective after the program – a lot of reflection after
- Tool: Outpatient dietitians would benefit from more diverse handouts and in different languages (cannot do all but addition of more would be helpful). Often have to search around to gather whatever is available and appropriate for the patients
- Action: Clinical/Hospitals – menus are not diverse. Is there something that can be done that can funnel into hospital menus. To assist those making menus and training the cooks to make the food.
    - We can do all of the workshops and training but if we don't have the menu that meets their needs we are having a huge disconnect
    - Huge collaboration need/gap – culinary team, hospital administration, food vendors
    - Great opportunities for diverse program faculty and preceptors to work with the hospitals on these topics
    - Example: middle eastern student looked up menu and had been translated into Arabic but had pork on the menu
- Action: Used to have variety of books "The ethnic and regional practice series". Available at the Academy level but those in direct practice did not seem to ever use them: Native Americans, Alaskan natives, etc.
    - Are these still available? Can we make them electronic and available to all?
- Tool: Cultural Food Practices (Diabetes Care DPG from 2010) – information needs to be updated (need to expand information on how the cultures are living their lives in the US – acculturation)
- Tool: Nutrient database often does not include cultural/ethnic foods, need to expand
- Tool: Traditional healing methods resource – we have very limited access to this information
- Action: Dietetic Technician – we need them to be at the table, include them into the conversation and action items.
- Action: a lot of the recruitment is around dietitians, often not possible, if we improve recruitment for dietetic technicians, we can make a lot of headway

Dialogue #3: Communications

Question 1: What are the key messages for this topic we want to communicate to constituents?

Table 1: Communications/Advocacy

- Members get the same message. Develop consistent messaging.
    - Examples of messaging: Be mindful and compassionate
- Learned a lot from microaggression and bias presentation. Communication training.
- Tell the board what we discussed with diversity and let them know we have a lot of work to do and hopefully there will be some structure coming soon. For the time being, can start with little goals to address community needs. Start your own research, gather more info on a local level until the Academy has a concrete plan.
- Await further instruction as the academy is initiating diversity. Educate others in the meantime. Highlight that the diversity and inclusion team has met and will be taking the lead in this work.
- Look at as this is being shaped that there are tremendous resources available to incorporate into education now. Eg. learning more about microaggressions. Can share this info with faculty, program directors as well as interns, students, preceptors
- Share with constituents the tremendous work the D&I committee is doing related to this issue. Exploring the gap between nutrition and health equity. What are constituents currently doing that we can share as best practice and use when building toolkits and guides to magnify efforts.
- Everybody should spend an hour viewing the webinar
- The Academy and profession have done a tremendous job addressing food insecurity. Should look through another lense health disparity through racial disparity. NDEP and other organizations are doing tremendous work.
- D&I building on current work to ensure a sustainable program for diversity and inclusion.
- Be mindful when discussing diversity- include all minority groups and populations. Everyone is equally important.
- Diversity does not have any specific meaning, definition, or application. It means broad representation in all that we do and tailoring to serve diverse communities.

Table 2: Communications/Advocacy

- networking and mentorship programs are important; we need more diverse leaders to join as there are more mentees than mentors; we need to make it known that we need these leaders
- students value diversity and addressing disparities; they desire that their voices are heard
- we need to find out the demographics of our younger members in order to better understand and equip them
- we need to have a way to reach out to students/younger RDs to hear what they need in order to be involved and interested in the groups; ask for their voices to be heard
- RDs (non Academy members) should be asked what they want from the Academy and share what all they get/benefits as an Academy member
- we need to market and reintroduce the importance of the Academy (perhaps by using mass emails to non members including benefits) as many don't realize what all they can get from DPGs and MIGs
- we looked at how to address involvement in the Academy during the COVID-19 era: utilizing virtual interaction, virtual happy hours for networking even though it is very difficult, etc.

- personal relationships are so huge; the more we can reach out and be friendly toward all makes them feel connected (specifically those in under-represented groups)
- we need to assess where food deserts and those with insecurities are and work with them through local organizations
- we need to assess, survey, identify, and then have a workflow and resource network
- in all the action steps going forward, we need to specifically ask those who are in under-represented groups how to best meet their needs/get them involved/ask their opinion

Table 3: Communications/Advocacy

- Cultural humility and how it affects nutritional status
- Difference between equity and equality
- Summary from Academy; then how can they get involved? What is their role?
    - Standardized messages to pass onto constituents
    - Part of delegates job: pass on important information and tips from Academy to members
        - Emailing list
- Differentiate work HOD is doing vs other workgroups on same topic
- Emphasize how this is an important topic
    - We all have biases that needs to be dealt with
- List of resources to make it more available and easily accessible
- What actions you can take at local community
- Multiple impact areas to address issue; we need to come at issue in multiple ways due to complexity of issue
    - Simplify format for members use at grassroots
- Share definitions such as cultural humility, cultural competence, health equity, etc

Table 4: Communications/Advocacy

- Create tools to encompass health equity within educational materials that communicate needs
    - care manuals; translate diverse needs -- affordability, ethnic equity & representation
    - Resources highlighting what tools/foods may be available to needy peoples
- Emphasize affordability of plant based diets to a diverse population and how it can be tailored to cultured outlooks

- Highlight importance of advocacy for diversity in the dietetics field
    - Outreach and education to Encourage communication with DPD programs to emphasize needs of diverse populations
- Translate population needs to action using readily available tools and resources
- Support licensure to protect the role of the dietitian in healthcare & community
    - Uneducated influencers trying to take over the role of the RDN. The general public may not understand the difference between a non-certified health coach
- Campaign for the training necessary to become an RDN
- Create educational materials geared towards populations of religious communities and their dietary needs/practices (Jewish, Muslim, Christian).
    - Further educate dietitians on the needs of these religions
    - Enlist faith based organizations for nutrition outreach information or events
- Advocate for reimbursement; especially in the era of telehealth & remote meetings

- Universal licensure for dietitians throughout all states!
    - increases access to dietitians specializing in a specific need
- Shareable infographic of how subsets of the academy are working together to address inclusion & diversity
- Define health equity & all facets
    - race, sexual orientation, gender presentation, disabilities, addiction, mobility challenges,

Table 5: Communications/Advocacy

- Have an understanding/ baseline/ starting point of what will be discussed
    - How much the constituents will understand the topic
    - How will people know what we are talking about
    - Are people beginner, intermediate or advanced (in regards to the toolkits)
- These are all something that could be customized to the target audience
- Defining and highlighting "what is nutrition equity"
    - it is ok to be at different levels of practice when it comes to understanding/learning/actions of the topic
- Having customizable key messages that depends on the group presented to
- What are the recommended tangible actions looking forward?
- Why should nutrition equity be on my radar?
- It is hard to state key messages, ideas are still being synthesized.
- There is a variety of topics that can be included in the key messages
- The key messages should target "why should I care about health equity"?

Table 6: Grassroots/Community

- What we are doing, what is available to us now
- that the academy is taking diversity and inclusion seriously
- Culture humility is a way to build trust. First we need to understand what cultural humility is.
- Can not be successful in our work without cultural humility (needed for credibility).
- Talking points at Affiliate annual meetings
- Be aware and apply social determinants of health. Give places to learn more and how to apply it.
- Convey our measures to increase the diversity of Dietetics as a profession beyond recruitment. To find a way to diversify the students in Dietetics as well as the professionals. (Race, ethnic groups, gender)
- How do we communicate to dietitians and techs who are nonmembers of the academy?They provide care, whether they are members or not, and for us to achieve cultural competency & humility in nutrition care delivery, we must engage them as well

Table 7: Grassroots/Community

- Cultural humility is a personal commitment
    - Educate individuals to increase understanding
    - Stress how cultural humility can benefit the community they service
    - Meet people halfway - it takes time to improve
- Clearly communicate a concrete plan
- The Academy wants to hear more from constituents about what actions they're taking towards inclusion
    - Ask members what data & resources they need to enhance their practice?
- Members need to understand the background of why the issue is being addressed
    - "Black and white" statistics that show the reality of the situation

    - Data-driven conversations
    - Talking points to overcome resistance - “elevator speech”

Encourage compassion & empathy to better utilize knowledge

Table 8: Grassroots/Community

- Bookclub on the book **Biased**: Uncovering the Hidden Prejudice That Shapes What We See, Think, and Do. Done via Zoom. Broke the book into 4 sections. Discussions have been fantastic and very worthwhile.
- Podcast.
- Comprehensive toolkit on AND website to direct members to.
- Webinar series with speakers in diverse groups and communities.
- Key message: to find out what people are doing within our own affiliate/ DPG.
- Key message: Awareness and education.
- FNCE session we watched before this weekend
- Develop a database to find out what people are doing within their own states/affiliate/DPG.
- A quiz as an interactive activity- the one we took that could then lead into further discussion.
- Key message: yesterday: big picture. today: who are our stakeholders and what resources can we use to build competency for new dietetic professionals.
- Give big picture updates.
- Key message: this is every single member. If a member belongs to several DPGs or other groups, they may hear this message a few times.
- Key message: This helps us be more patient/ client/ others/professional/ employee-centered and will help us address any nutrition related health inequities. How will this help others become better dietitians? There may be members resistant to the whole topic.
- Key message: recognize that this may not feel good to ourselves or others. Each of us has a different lens.

Table 9: Grassroots/Community

- Understand the segment of RDNs who you are talking to (their values, beliefs, what they’re worried about)
- It is our responsibility to have cultural humility and perform self-reflection checks to better serve our patients and communities
- How do we convey a greater importance on implicit bias and improve on their cultural humility skills?
- Remember to validate what is currently being performed by RDs and encourage them to take their skills to another level by utilizing resources that AND will come out with in the near future
    - Dietitians have the power to transform lives if they are sensitive to and address social determinants of health (recognizing clinical care only accounts for 20% of ___ as spark presenter mentioned)
- Any message that is conveyed is vetted by the community (so that it’s not tone deaf)
    - Clear, concise language that can resonate with the appropriate culture

Table 10: Research

- Importance of self reflection and evaluating implicit biases as nutrition professionals
- importance and need to conduct more research in relation to nutrition and health equity
- need to professionals to mentor and encourage minorities to join and stay with the profession
- Let constituents know we are investigating how to get more diversity in the field through the students

- How to work with practitioners to better serve clients
- More culturally sensitive information for nutrition information.
- Members need to be more inclusive of minority students and ensure they are being mentored appropriately. Examples: reach out to newly licensed RDNs, welcome to dietetics meetings/groups. Major point: be inclusive of minority nutrition professionals
- Emphasizing and encouraging collaborating with others, connect and reach out to other groups and make this available to everyone.
- Reduce barriers blocking communication and reduce things that make minorities feel unwelcome. Listen to the needs of minority students or nutrition professionals. Find ways to include minorities such as helping them to learn another language so they don't feel left out.
- Minorities may feel like they don't belong or fit in. Can't make this an issue that minority members need to fix. It needs to be everyone in the Academy making it more welcoming for these minority members. All members should overextend and give invitations so those of diverse backgrounds feel welcome.
- Academy is committed to improving nutrition and health equity in communities and with current and future colleagues. Addressing access, improving education, focusing on policy, collaborating with groups, educating ourselves on cultural humility and being self aware to improve equity.

Table 11: Research

- How the Academy can take the next step from cultural competency to cultural humility
- HOD dedicating efforts this year fully on health equities
- Share actionable items about the actual things we plan to do (ex: toolkit). Describe the plans, not just the idea. Take action and show the members how it will happen because members want to know what is actually going to happen with the Academy's efforts.
- HOD explored strategies on ways that the Academy can advance nutrition equity through enhancing cultural humility, stimulating research, mobilizing and supporting grassroots efforts, and enhancing mentorship for minority students
- HOD discussed ideas for enhancing Health Equity that will be forwarded to the Academy organizational units. Ideas included various types of toolkits, funding, activities to be engaged in. Stay tuned for concrete examples of Academy actions
- Sharing information about all of our great speakers, including the profiles of each speaker.
- Share the SPARK Speaker Presentations if possible.
- See clips from the speakers on Instagram stories, etc..
- Does the leadership team have the intention to develop a summary of the workshop for delegates to bring to constituents?
- Encourage my DPG to dedicate Inclusion and Diversity and Health Equities as a theme this year.
- Bring this issue to undergraduate and graduate students. Incorporate these discussions into the nutrition curriculum.
- We need to express the value of creating a culture within the Academy so that equity and inclusion is woven throughout the fabric of everything we do.
- Implicit bias survey
- 5-day racial equity challenge (Food Solutions New England)- bring awareness and facilitate reflection to these issues.
- Can diversity liaisons become voting members of each group?
    - Up to each group to set guiding principles.
- Policy change at the organizational level

    - Ex: Having MIGs be voting members at the HOD level
- Go back to constituents and survey them. Evaluate results after surveying constituents.

Table 12: Research

- Let the people know that conversations are in progress regarding race and diversity coupled with letting them know the outcomes and suggesting volunteering **(ACTION)**
- Working together with guiding principles involving focus groups
- Let people know what actions are being taken or have been taken behind talking
- Different cultures need to get involved and speak up
- Encourage constitutes to respond and give their input
- Need more direction regarding research on the next steps
- Highlight initiatives our three speakers suggested coupled with others such as scholarships etc.
- Have more conversations with our affiliates
- Getting our members to fill out those actions alerts, and become more aware about policies
- work more with different ages (Elderly etc.)
- Using email alerts to send out to members regarding scan (DPD), and to use the points from the powerpoint
- Need to reach students and preceptors (Needs a bigger bridge)
- Tell our constituents that the academy is approaching this issue from 3 key directions: grassroots efforts, etc.
- Cultural Humility is important and incorporating it in programs (DPD, Masters)
- More Cultural humility trainings
- Need roleplay with students to better understand the different roles that would need to be performed
- Implicit Bias awareness

Auditor Table 1

- What inspires you to act on the need to promote and accelerate health equity.
- When reporting back to the Academy that experts from diverse members informed this decision making.
- The importance of understanding and creating models to act.
- Assess what is already in the community and expand in a positive collaborative effort
- This is a such an important topic and the HOD is advocating for more focus within the strategic plan
- Build trust by listening to the members and be responsive and validate what we heard.

Auditor Table 2

- NOBIDAN and LAHIDAN are largest MIG groups (not even talking about LGBTQ, Disabled, etc), smaller groups have trouble having their voices heard. These groups should work together to come up with common concerns. This might be a better way to move the needle.
    - What are the common goals
- Each group should get a chance to voice their concerns so that everyone is involved in the solution – need to be united

What do members want to know?

- Dietitians who have been in the field for 10+ years: How is what we are doing today different than what the Academy was doing 10 years ago and how are we going to move the needle further along

- In 2010 focus was on cultural competency including resources and sessions at FNCE
- Now we are focusing more on cultural humility
- **What are we going to do differently now**
- We need to address the difference between now and 10 years ago for our constituents
- 2015 strategic plan – D&I committee may have been initiated around that time
- CDR has cultural humility/competency in study guide

- What is the academy doing to create resourced and improve equity and diversity both for the field and our patients/clients

What do members need to know?

- Help make them aware of what is already available: Example - In June there was a survey in Massachusetts and it was found that people were not aware that there has been a diversity committee and other things that are available
- Route of communication is critical (based on age group, etc) – communicating broadly via multiple platforms (website, newsletter, social media, verbal, meetings)

Use to develop talking points to take back to members.

Auditor Table 3: Input for all Dialogues

- We need a single platform to view videos
- Who do we go to for more information?
- How do we make a business case
- Sometimes it makes take years plus to see progress with programs
- Need to make the right connections as we create/ develop programs
- We need to spread the information of what we are doing/ have done/ programs available
- Education is huge
- Post on HOD website- resources in one location
- Build out opportunities for education to use them among the dietetics body
- Social determinants of health- get it into the HR platform
- Get a group of people to follow up and define, what is our role? we have a role in it and to operate it.
- We need access to the information we learned over the last 2 days
- People are willing to do outreach if they have resources: packet of information/ videos and other resources- helps with consistency.
- Put on careers page to focus on what we need people to promote – what are our messages?
- Lesson plans that could be created for health leaders
- The Academy has old VHS videos – need updating
- Identify those students in math/ science and target them for the profession
- Getting people to have advance degrees/ help RD to get advance degrees
- Make a pathway that allows for coaching/ mentoring as they get their advance degrees.
- Recruit others to help students/ RD centered education/ there are a few programs in existence already.
- Collect better data on who are our RDN/ NDTR- partnership to enhance research
- The food recovery program- food from restaurants is an important way to help others – like what Roniece Weavers conveyed to us today.

- Advocacy- simple communication tool
- Advocate for issues/ specific to our extended groups.
- Language: Use Mediterranean style versus Mediterranean diet.
- One-stop-shop for public and professional information on the Academy site (information)
- Food frequency that can address large ethic groups
- Policy Action
- Obesity
- Medicare to get more than DM covered

Take away:
Tag our political representatives to be in the forefront – lets fix them so that this doesn't continue to occur.

1) Work on policies to allow for equal access to academy
2) How can we bring existing resources together so that awareness is made for existing programs public/professional like central Florida
3) Having the right tools
    a. Food frequency questionnaire
    b. Appropriate for ethnic groups
    c. Languages used – available in other languages