

Inclusion of Individuals with Disabilities in Academy Diversity Initiatives



To the Editor:

The Practice Application by Burt and colleagues¹ provides compelling approaches to increase diversity and inclusion in dietetics. However, the strategies are largely focused on racial, ethnic, and socioeconomic diversity, whereas the Academy's revised diversity definition² and Diversity Strategic Plan³ are more encompassing. Specifically, we are concerned about the absence of strategies to include people with disabilities. Strategies to enhance diversity and inclusion of people with disabilities in medical education and biomedical research have been proposed^{4,5} and can serve as a model for nutrition and dietetics.

As faculty at the Rochester Institute of Technology, we routinely teach and mentor students cross-enrolled in the National Technical Institute for the Deaf, one of Rochester Institute of Technology's nine colleges with the specific mission of providing deaf and hard-of-hearing students with state-of-the-art technical and professional education programs. This has heightened our awareness of discrimination faced by individuals with disabilities, specifically in entering the workforce. However, our experience working with students with disabilities is not unique; national data indicate that 11% of undergraduate students⁶ and 25% of US adults aged 18 to 64 years report having a disability.⁷

The Americans with Disabilities Act (ADA),⁸ together with the Rehabilitation Act of 1973,⁹ prohibit discrimination against people with disabilities as workers, students, visitors, and patrons of all public accommodations (including private hospitals and universities). A key feature is the requirement to provide reasonable accommodations to enable people with disabilities an equal opportunity at success as people without disabilities. Defining a "reasonable accommodation" can be challenging,¹⁰ but recent legal decisions trend toward upholding accommodations in the education of health professionals.¹¹ Furthermore, the financial resources of the institution, not individual departments or units, must be used when assessing whether an accommodation poses an "undue burden."^{5,12} Supervised Practice Program directors and work supervisors must coordinate with their human resources or disability services office to identify appropriate accommodations, ensure compliance, and provide true inclusiveness in our profession.

Another institutional barrier to inclusion of individuals with disabilities are technical standards (ie, required physical, cognitive, or behavioral abilities) used to assess applicants that emphasize motor and sensory skills rather than cognitive skills.¹³ Some medical schools' technical standards have been called "ableist" through exclusion of persons who cannot see, hear, or use their hands.¹⁴ An alternative is writing inclusive language in technical standards, such as allowance for "accommodation through the use of a trained intermediary or other communication aides."¹³ By explicitly writing that accommodations are permissible, people with disabilities will not be screened out by nonessential job functions. Dietetic Supervised Practice Programs with technical standards should review these standards for ADA compliance before litigation forces the issue.¹⁴ Furthermore, a powerful signal from the Accreditation Council on Education in Nutrition and Dietetics (ACEND) toward true diversity and inclusion would be for ACEND

accreditation to require documentation of technical standard compliance with ADA, as has been suggested for medical schools.¹⁵ Currently, ACEND and the Commission of Dietetic Registry do not collect information on the degree and type of disabilities among students or credentialed practitioners. Collecting this information would help to better understand representation in the profession and to support reasonable accommodations.

As university faculty, we do not claim to have all the answers to accessibility. We simply share a desire to ensure that students and practitioners with disabilities are afforded an equal opportunity to thrive in the profession. We call on the Academy and ACEND to work with disability experts and practitioners with disabilities to develop guidance for educators, preceptors, and supervisors to ensure our profession is indeed inclusive for people with disabilities.

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Authors' Response:



We would like to thank the authors for illuminating the importance of diversity across demographic categories. We agree that the inclusion of persons with disabilities—and that of all religions, gender identities, sexual orientations, ages, and other marginalized groups—is critically important. We omitted other demographic groups from our article because different

research is needed to contextualize each and propose evidence-based solutions.

Racial/ethnic diversity and inclusion is of utmost importance given the current social and political climate. The racial/ethnic and socioeconomic breakdown of the United States is changing very rapidly in ways that are having an immediate impact on the United States.¹ That fewer than 12% of registered dietitian nutritionists (RDNs) were persons of color in 2018 provides clear evidence that the diversity of the profession does not match the current makeup of the population.² Because the racial/ethnic composition of the US population is changing more rapidly than any other demographic,³ the diversity of the dietetics profession and that of the general population will continue to become more disparate unless immediate action is taken.

Moreover, a focus on racial/ethnic diversity is critical now because current rhetoric frequently targets marginalized racial/ethnic groups. Most Americans believe that the climate around race is generally bad (58%).⁴ More importantly, most persons who identified as Hispanic (58%), black (76%), or Asian (76%) report experiencing discrimination because of their race or ethnicity. Second to retaliation discrimination, racial discrimination is the most frequent type of workplace discrimination.⁵ The divisive political and social milieus are driving a racial/ethnic divide, and as such, racial/ethnic diversity and inclusion—particularly in workplaces—is more important than ever.

Working toward a more diverse and inclusive professional across several demographic groups simultaneously is possible. We appreciate the attention your letter draws to the importance of including persons with disabilities and understand that there is a lack of research in disabilities among RDNs.⁶ We support your charge to work with experts to develop resources and collect more comprehensive information about the degree or type of disabilities among members, students, and practitioners. Ultimately, all work exploring

demographic disparities should converge to examine intersectionality and the compounding impact of bias and exclusion among persons of multiple marginalized groups. We seek to support and work alongside others with the same vision: an equitable, inclusive profession for all.

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