

Diversity, Equity & Inclusion Through the Lens of an Immigrant Dietitian

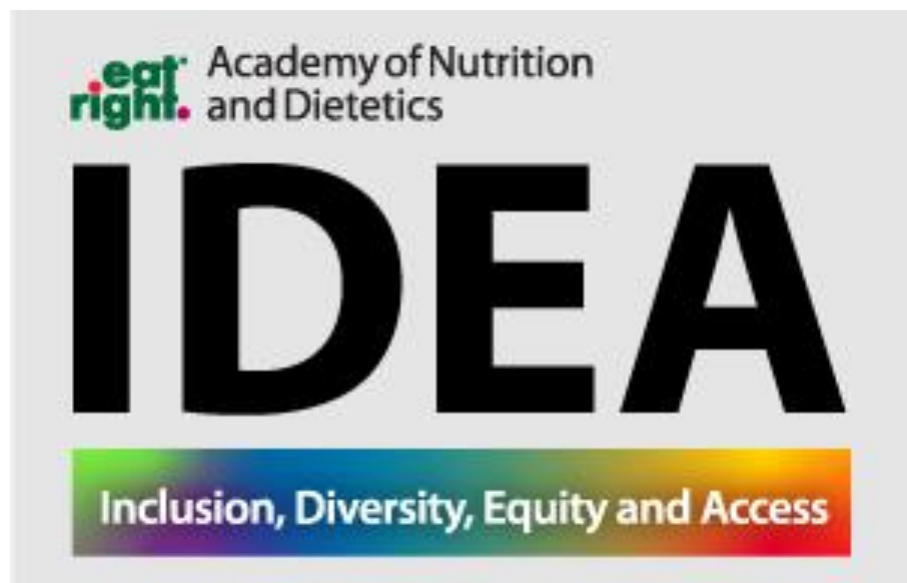
*Webinar Speaker:
Cordialis Msora-Kasago, MA, RDN*

Wednesday, February 16, 2022 @ 2pm ET



Funded by an IDEA (Inclusion, Diversity,
Equity & Access) Mini-Grant
Awarded to the South Carolina Academy of
Nutrition and Dietetics (SCAND)
by the Academy of Nutrition and Dietetics

*SCAND IDEA Liaison & Webinar Moderator:
Suzi Domel Baxter, PhD, RD, LD, FADA, FAND*



Purpose of Webinar

To encourage inclusion, diversity, equity and access by striving to recognize, respect, and include differences in the profession of nutrition and dietetics



IDEA

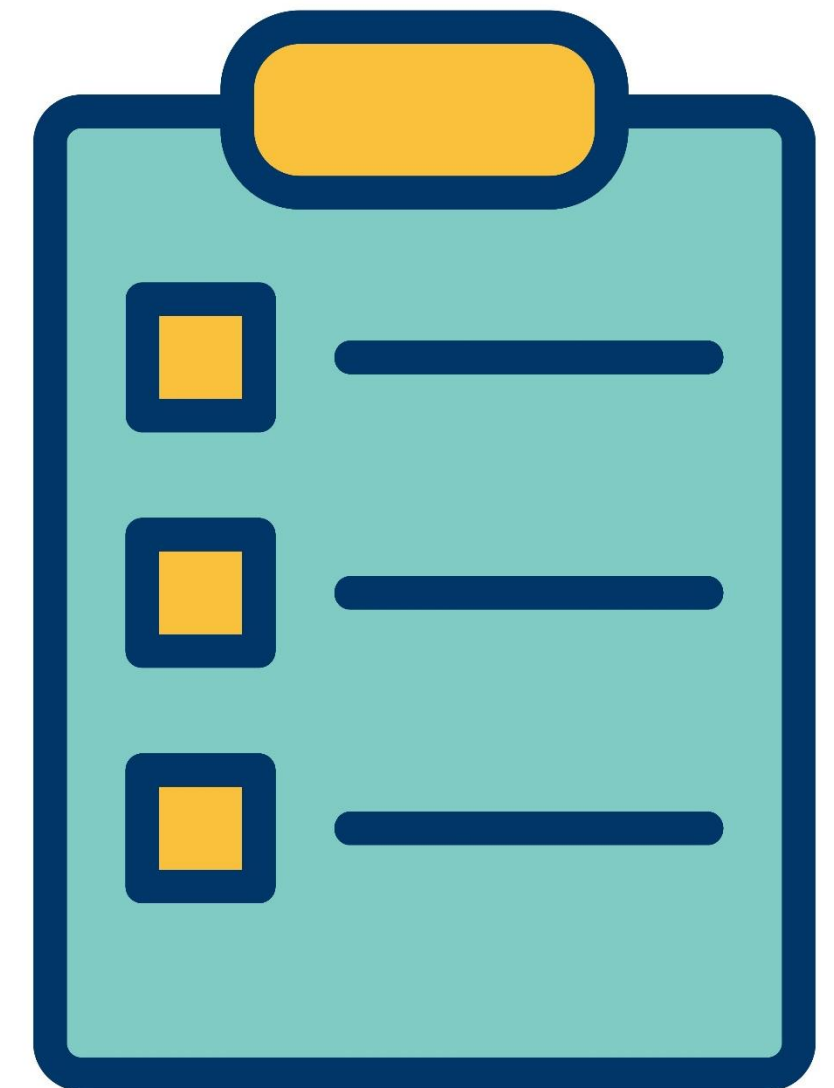
Inclusion, Diversity, Equity and Access

Every practitioner's business.



Outline

1. Academy IDEA Statement
2. Diversity Statistics for Dietitians from 2 sources (Census Bureau & CDR)
3. Code of Ethics & ethics learning objective for **social justice**
4. Points Speaker Asked to Address
5. Introduction of Speaker
6. Speaker Disclosure
7. Speaker Learning Objectives
8. Speaker's Story
9. Questions from Attendees



Academy IDEA Statement



The Academy encourages diversity and inclusion by striving to recognize, respect and include differences in ability, age, creed, culture, ethnicity, gender, gender identity, political affiliation, race, religion, sexual orientation, size, and socioeconomic characteristics in the nutrition and dietetics profession.

	Total	Women	White	Black or AA	Asian	Hispanic or Latino
Year 2020*						
Dietitians & Nutritionists	106,000	91%	75%	16%	8%	10%
January 2021**						
RD & RDNs	105,828	84%	71%	2%	4%	4%

*** Information from 2020 Current Population Survey – a monthly survey of households conducted by the US Census Bureau.**

**** Information from the CDR Registry Statistics January 2021.**

Male 3.8% and gender not reported by 12.3%.

American Indian/Alaskan Native 0.5%, Native Hawaiian/Pacific Islander 0.8%, Other 1.1%, Two or more races 0.8%, and race/ethnicity not reported by 16%.

Baxter SD et al, J Critical Dietetics 6(2):28-44, 2022.

Academy/CDR Code of Ethics*

- Effective June 1, 2018
- 4 Principles (non-maleficence, autonomy, beneficence, **social justice**)
- Numerous Standards for each Principle
- By accepting membership in the Academy &/or accepting & maintaining CDR credentials, all nutrition & dietetics practitioners agree to abide by the Code
- *The Academy and CDR are not responsible for this webinar's interpretation of the Academy/CDR Code of Ethics for the Profession or its enforcement as it relates to the scenarios and content presented in this webinar.*



* Academy of Nutrition and Dietetics. <https://www.eatrightpro.org/practice/code-of-ethics/what-is-the-code-of-ethics>

Ethics Learning Objective

State an ethical takeaway point concerning **justice (social justice)** and dietetic practitioners of color.

Code's 4th Principle: Social responsibility for local, regional, national, global nutrition and well-being (Justice)

Definition: Justice (social justice) supports fair, equitable, and appropriate treatment for individuals and fair allocation of resources.



Ethics Learning Objective

4. Social responsibility for local, regional, national, global nutrition and well-being (Justice)

Nutrition and dietetics practitioners shall:

- a. Collaborate with others to reduce health disparities and protect human rights.
- b. Promote fairness and objectivity with fair and equitable treatment.
- c. Contribute time and expertise to activities that promote respect, integrity, and competence of the profession.
- d. Promote the unique role of nutrition and dietetics practitioners.
- e. Engage in service that benefits the community and to enhance the public's trust in the profession.
- f. Seek leadership opportunities in professional, community, and service organizations to enhance health and nutritional status while protecting the public.





Ethics Learning Objective

4. Social responsibility for local, regional, national, global nutrition and well-being (Justice)

Nutrition and dietetics practitioners shall:

- a. Collaborate with others to reduce health disparities and protect human rights.
- b. Promote fairness and objectivity with fair and equitable treatment.**
- c. Contribute time and expertise to activities that promote respect, integrity, and competence of the profession.
- d. Promote the unique role of nutrition and dietetics practitioners.
- e. Engage in service that benefits the community and to enhance the public's trust in the profession.
- f. Seek leadership opportunities in professional, community, and service organizations to enhance health and nutritional status while protecting the public.

Speaker asked to include these points in story:

1. Job title, company, & common job responsibilities
2. Where dietetics degree earned & internship completed
3. Challenges encountered on journey to becoming, or while working as, RDN of color
4. Why dietetics profession chosen & years as RDN
5. What RDNs of color can uniquely provide to the dietetics profession
6. One example of success as RDN of color
7. How RDNs of color & not of color can interact & work more effectively together
8. How being an Academy member benefited career



Cordialis Msora-Kasago, MA, RDN



Diversity, Equity & Inclusion

Through the Lens of
An Immigrant
Dietitian



Disclosures:

Employer

Sodexo

The African Pot Nutrition

Board Member/Advisory Panel

Diversify Dietetics

Research Support

None

Speaker's Bureau

None

Stock/Shareholder

None

Other:

Media Spokesperson, Academy of Nutrition and Dietetics

Objectives

- Understand two challenges experienced by international dietetic students and recent graduates in the US.
- Identify two ways that food and nutrition professionals can collaborate to reduce health disparities in foreign-born populations
- Demonstrate ways to make food and nutrition recommendations that are culturally appropriate when working with these groups

Immigrant

immigrant
/'iməgrənt/

noun

a person who comes to live permanently in a foreign country

Reasons for Immigrating

Economic depression

Persecution

Family already separated

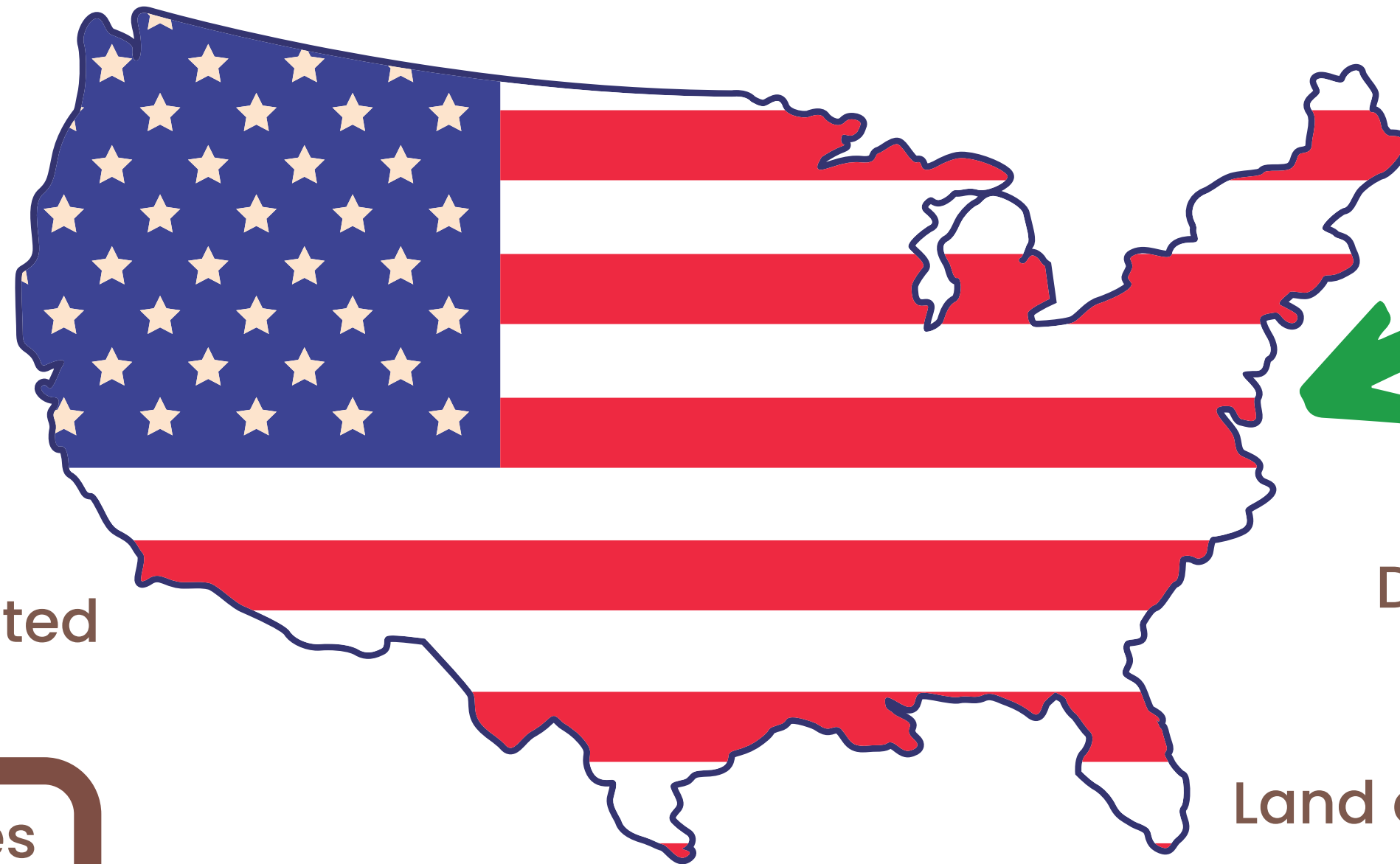
Educational opportunities

Refugee Act of 1980

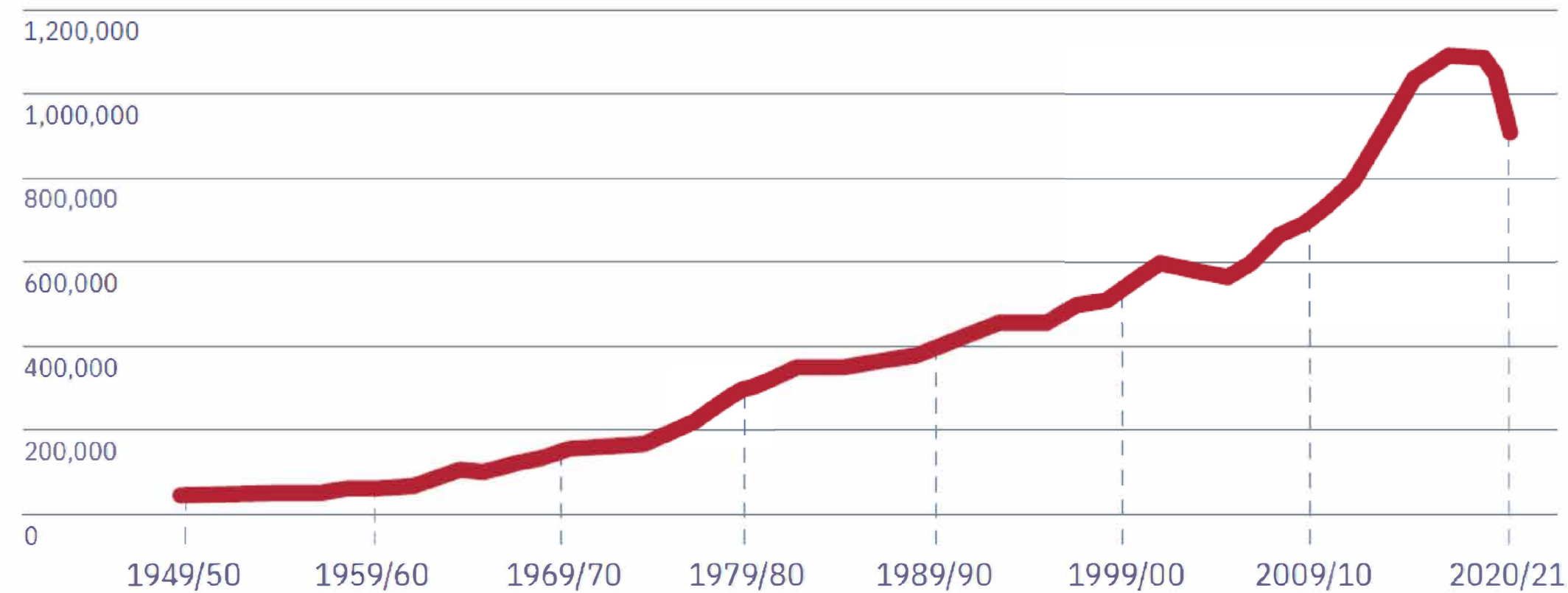
Family reunification

Diversity lottery

Land of "Milk & Honey."



INTERNATIONAL STUDENTS, 1949/50–2020/21



In 2020/21, the total number of international students **declined by 15%** from the prior academic year. This decrease was primarily due to the effects of the COVID-19 pandemic.

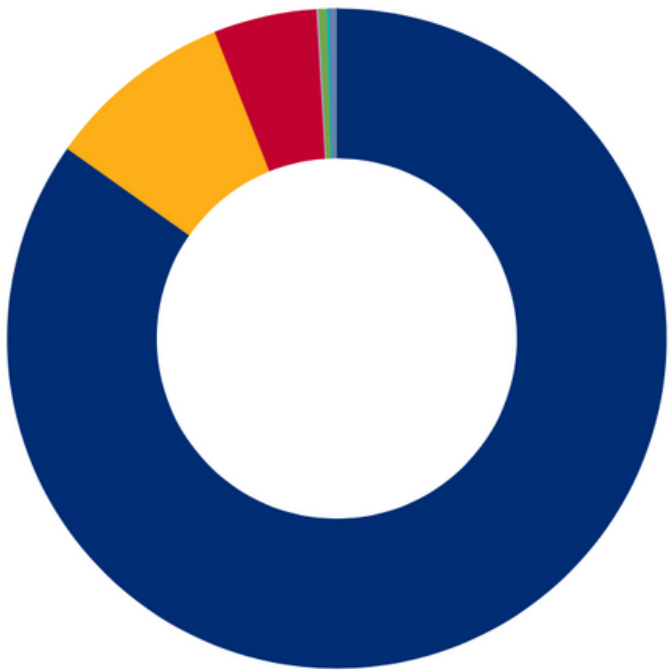
Source: The *Open Doors Report on International Educational Exchange* is a comprehensive information resource on international students in the United States and U.S. students studying abroad. It is sponsored by the U.S. Department of State with funding provided by the U.S. Government and is published by IIE. For more information, visit www.opendoorsdata.org.

opendoors[®]

State University Estimated Tuition
FY 2021

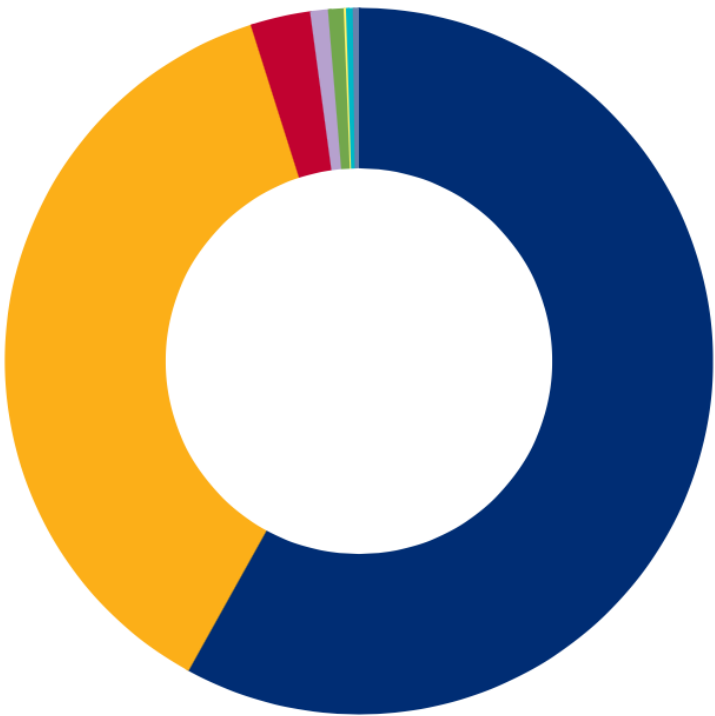
Resident: Academic Year
\$8,216

Non-Resident: Academic
Year
\$17,720



Undergraduate

- Source of Funding**
- Personal and Family
 - U.S. College or University*
 - Foreign Government or University
 - Current Employment
 - Foreign Private Sponsor
 - International Organization
 - U.S. Government
 - U.S. Private Sponsor



Graduate

*Funding from U.S. college or universities includes teaching and research assistantships, which are often federal government research grants disbursed to the student through the institution.

My Path to Becoming a Dietitian



A horizontal timeline line with four brown downward-pointing triangles marking the stages of the path.

Dietary Service
Supervisor

One year certificate at
community college

Los Angeles City College

Dietetic
Technology

A.A Degree with supervised
practice

Los Angeles City College

Nutritional
Sciences

B.S Degree with
coordinated dietetic
internship

California State University,
Los Angeles

African Area
Studies

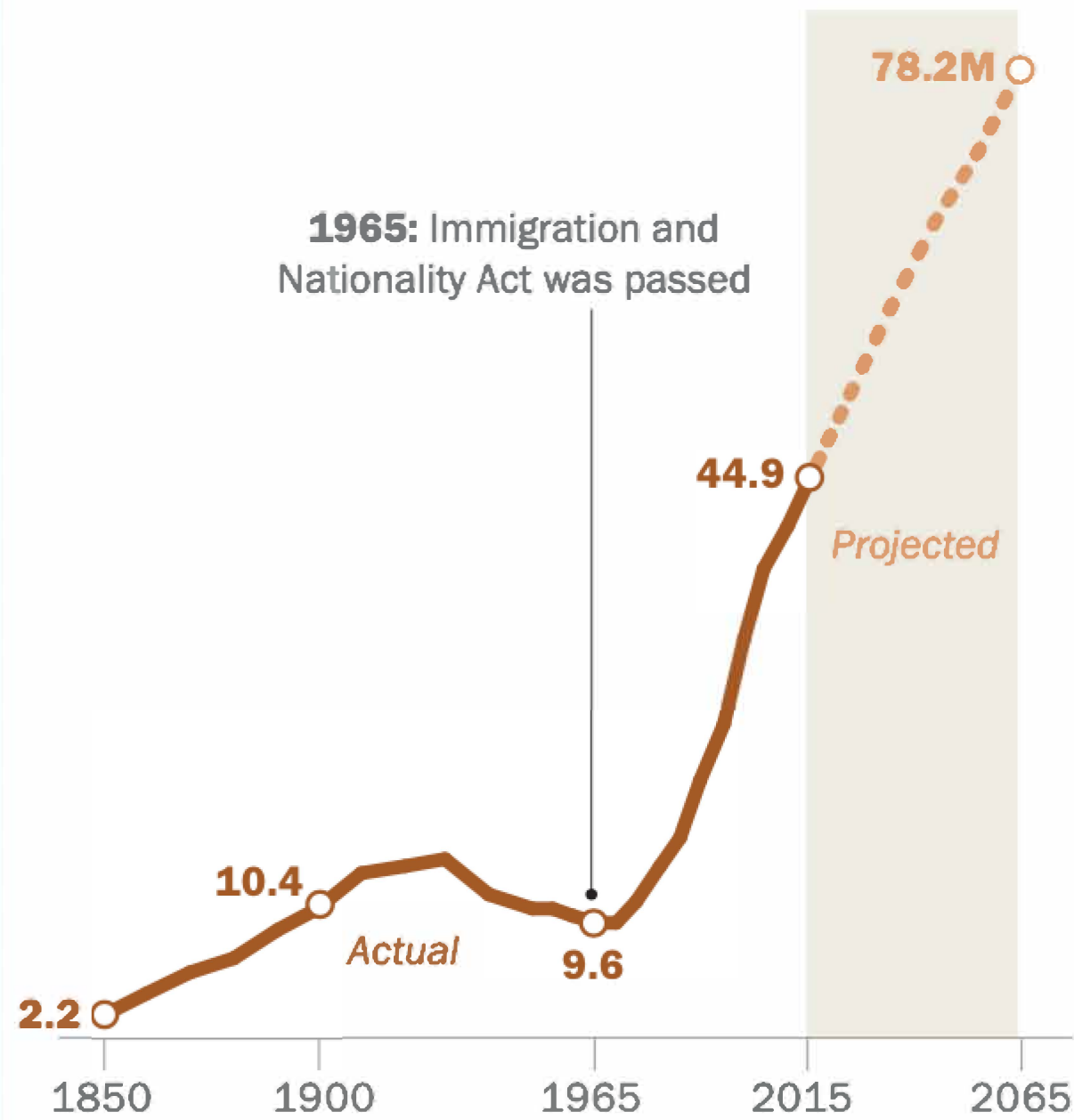
MA Degree. Emphasis
Public Health

University of California
Angeles

Challenges

- Unconscious Bias and Microaggressions
- No Social Support
- Exclusion
- Lack of Role Models

U.S. foreign-born population reached 45 million in 2015, projected to reach 78 million by 2065

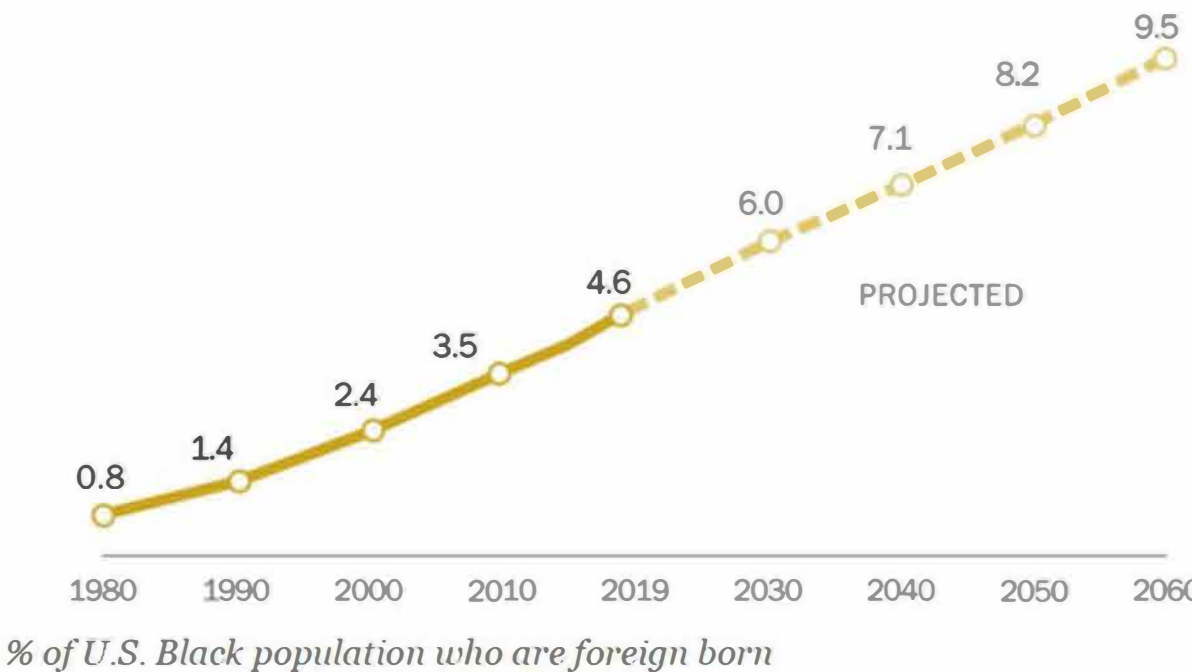


Source: Gibson and Jung (2006) for 1850 to 1890; Edmonston and Passel (1994) estimates for 1900-1955; Pew Research Center estimates for 1960-2015 based on adjusted census data; Pew Research Center projections for 2015-2065.

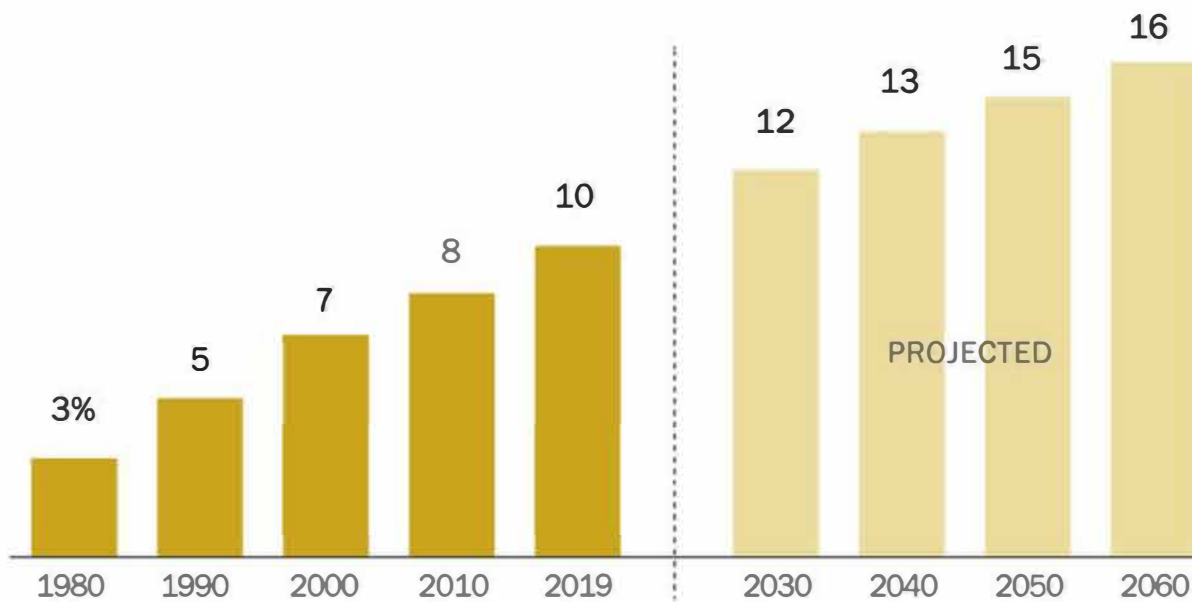
PEW RESEARCH CENTER

Black immigrant population climbs to 4.6 million and is projected to reach 9.5 million by 2060

Total U.S. Black foreign-born population, in millions



% of U.S. Black population who are foreign born



Note: For data from 2000 to 2019, "U.S. Black foreign born population" refers to all people who self-identify as Black, inclusive of single-race Black, multiracial Black and Black Hispanic people and were born outside of the U.S. to non-U.S. citizen parents. Data from 1980, 1990, 2030 and later only includes data for single-race Black foreign-born population.

Source: Pew Research Center analysis of decennial census data from 1980, 1990 and 2000 and American Community Survey data from 2010 and 2019. Census Bureau 2017 population projections for 2020-2060.

"One-in-Ten Black People Living in the U.S. Are Immigrants"

PEW RESEARCH CENTER

Top birthplaces for Black immigrants in U.S., 2000 and 2019

	2000	2019
Jamaica	530,000	760,000
Haiti	410,000	700,000
Nigeria	130,000	390,000
Ethiopia	70,000	260,000
Dominican Republic	80,000	210,000
Ghana	70,000	190,000
Trinidad and Tobago	160,000	170,000
Kenya	30,000	130,000
Guyana	110,000	120,000
Somalia	40,000	110,000

Note: Populations rounded to the nearest 10,000. "Black immigrants" refers to all people who self-identify as Black, inclusive of single-race Black, multiracial Black and Black Hispanic people and were born outside of the U.S. to non-U.S. citizen parents.

Source: Pew Research Center analysis of 2000 decennial census (5% IPUMS) and 2019 American Community Survey (IPUMS).

"One-in-Ten Black People Living in the U.S. Are Immigrants"

PEW RESEARCH CENTER

Impact of migration



WEIGHT



PHYSICAL ACTIVITY

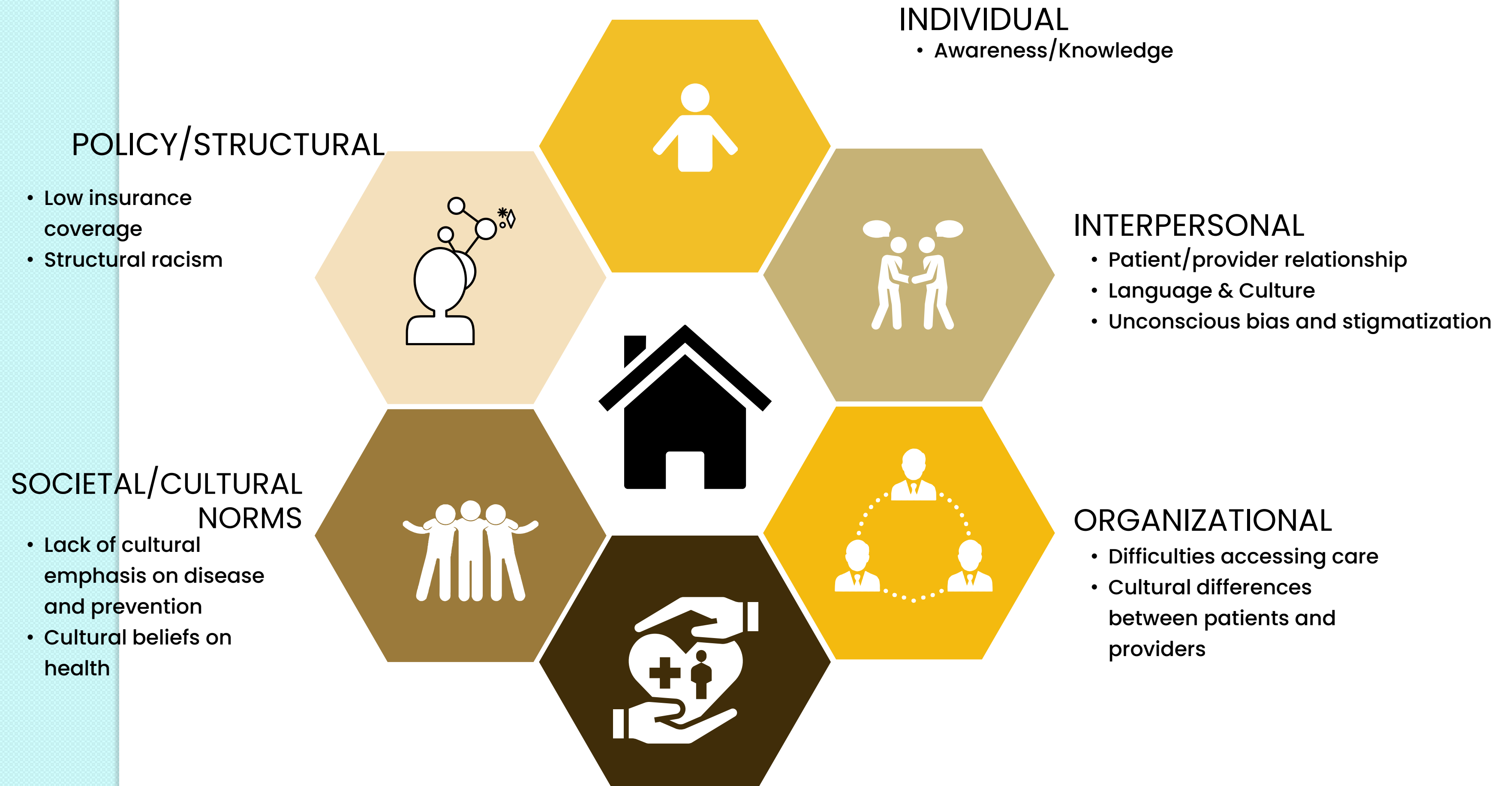


STRESS



DIAGNOSIS OF CHRONIC HEALTH
CONDITION

Barriers to HealthCare



Time for change

Lack of representation of cultural foods

- Monolithic view of health
- assumption that healthy diets are based on western foods
- Stigmatization
- Mediterranean diet “Gold Standard”

Overwhelming and unreliable sources of nutrition information

- peers, family primary sources
- healthcare providers not well trusted and helpful

My approach



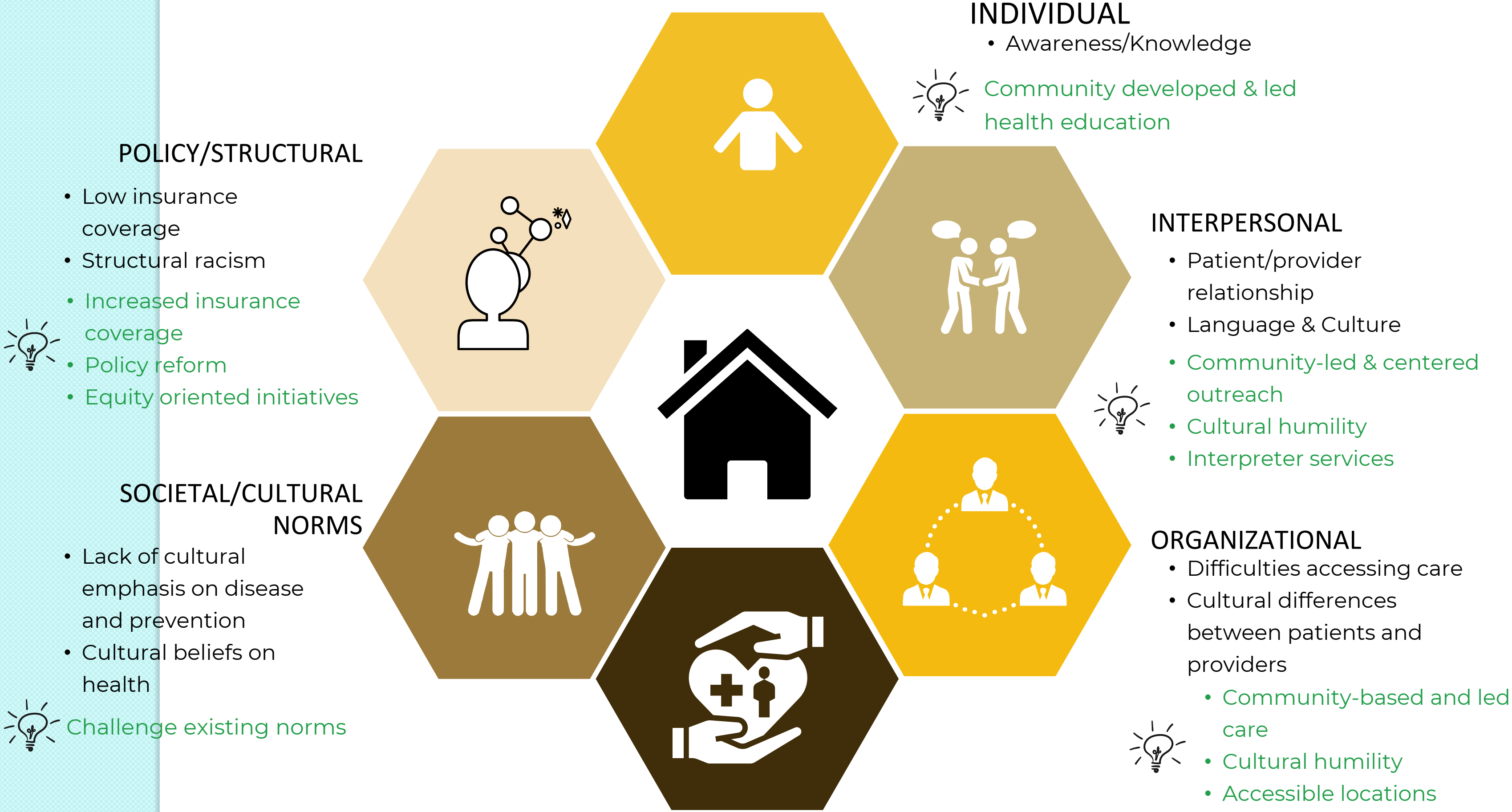
To improve the health of people of African descent through heritage foods and healthy lifestyle practices.





Play

Barriers to HealthCare



How can we work together?

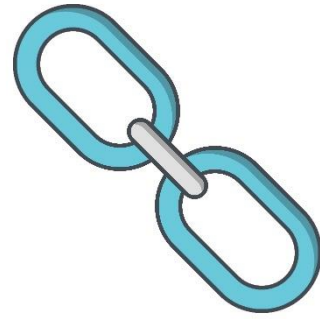
- Expand your network (DPGs are a great place to start)
- Collaborate with immigrant RDNs to develop inclusive nutrition programming and curricula
- Seek “cultural add” in recruitment efforts
- Be a preceptor, mentor, advocate, option
- Follow dietitians of color, invite them to the table, speak their names in rooms full of opportunity

THANK
You!



For **information** about becoming a **member**
of the **Academy of Nutrition and Dietetics**
or the
National Organization of Blacks in Dietetics and
Nutrition (NOBIDAN) Member Interest Group

email **membership@eatright.org**

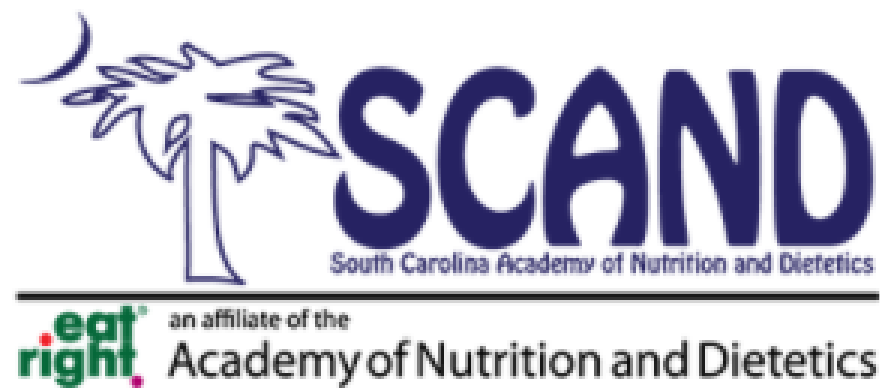


Link to Recording Certificate



www.eatrightsc.org

On “Professional Development” tab
select “IDEA” from drop-down menu



Member Login

Search our site...



Home

RD Info

Professional Development

Public Policy/Advocacy

Communications

Events

Jobs

Mark your calendar to attend the final webinar in this series:

Thursday, February 24, 2022 @ 1pm EST

“Cultural Humility and Diversity: Why They’re Important”

Speaker: Winona Bynum, RDN, PMP

Register at www.eatrightsc.org
under Professional Development, IDEA



Questions

