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Practice-Based Learning as a Tool for Developing Cultural Competence in Dietetics Education and Nutrition Science: Connections with Library and Information Science

JILL WHITE

ABSTRACT

Dominican University in River Forest, Illinois, offers an array of programs in nutrition science and dietetics that prepare students for a range of careers in this diverse field. Practice-based or experiential learning is an important and mandated component of these programs. Given the fact that the students and professionals in this field are not representative of the diversity in the wider society in which they are expected to serve, the program coordinators at Dominican attempt to infuse elements of cultural competence throughout those experiential opportunities. This article provides a brief overview of the ways in which that has been achieved to date, and references the role of the library as a partner in advocating for greater equity and access to health information and food.

INTRODUCTION

Nutrition education, as with any field in higher education, begs the questions: Will our students be prepared for the world and job market that they are entering? Will our students be prepared to make a meaningful contribution to their society through work and service? Will our students' education assist them in dealing with the local and global social, political, economic, and human problems that they will face (Thalen 2013)? An important dimension in the answer to those questions is the element of practice-based learning (PBL); an approach that is embedded in the curriculum of nutrition and dietetics programs. Hayden, Dufel, and Shih (2002) define PBL in healthcare as including the competencies to

- analyze and assess practice experience and perform practice-based improvement;

- locate, appraise, and utilize scientific evidence related to the patient's health problems and the larger population from which they are drawn;
- apply knowledge of study design and statistical methods to critically appraise the medical literature;
- utilize information technology to enhance personal education and improve patient care; and
- facilitate the learning of students, colleagues, and other health care professionals in appropriate principles and practice.

Dominican University's programs in nutrition science and dietetics attempt to capture those components to prepare students successfully for a range of careers in the diverse field of nutrition. Students acquire a strong foundation in the physical, biological, and social sciences, and come to understand the social and psychological dimensions of human nutrition. In addition, there is an emphasis on the development of cultural competence that is reflective and responsive to the needs of contemporary society. This article will discuss the current offerings at Dominican University in the Department of Nutrition and Dietetics, with an emphasis on the components of PBL infused throughout the curriculum, and will also discuss the ways in which many of these opportunities are designed with a conscious effort to increase cultural competence in the practice of the profession.

THE NEED FOR CULTURAL COMPETENCE IN THE HEALTH CARE PROFESSIONS

In 2002, the Institute of Medicine's (IOM) Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care documented that the quality of care in this country is generally lower for people perceived as coming from communities of ethnic minorities than that provided to the majority population (Betancourt, Maina, and Soni 2005). According to recent surveys, the health gap between minority and non-minority populations in the United States has increased significantly (Artiga 2016). Betancourt, Maina, and Soni (2005, 341) identified that racial and ethnic disparities were associated with worse health outcomes because of "bias, stereotyping, prejudice, and clinical uncertainty on the part of health care providers." The IOM Committee recommended reducing disparities "by reducing the variation around best practices, by placing incentives to improve quality and reduce errors, and by improving the quality of communication within the delivery system" (Nelson 2003, S1380).

Another recommendation was an increase in the proportion of underrepresented minorities in the healthcare workforce. Health care professionals from underrepresented communities are more likely to provide services in these communities. Currently only seven percent of Registered Dietitian Nutritionists (RDNs) in the United States come from nonwhite

communities, which is not consistent with the changing demographics of the country. More specifically, Salomon (2009, 26) cites the results of a membership survey conducted in 2007 by the American Dietetic Association (ADA)—now known as the Academy of Nutrition and Dietetics (AND)—which revealed that “86.55 percent of the organization’s members are white; 3.69 percent are black; 4.08 percent are Asian, Native Hawaiian, or Pacific Islander; 3.34 percent are Hispanic; and 0.52 percent are American Indian/Alaskan. More than 96 percent of members are female.” In 2012, the numbers held steady with 85 percent self-reporting as white (not Hispanic/Latino), 4 percent Asian, 3 percent Hispanic/Latino, 3 percent black or African American, and 1 percent “other” (White and Beto 2013, 771). Given health disparities in chronic diseases and the significance of culture to food practices, this must be addressed by educators (Artiga 2016).

In 2008, the Joint Commission on Hospital Accreditation began a project to develop hospital accreditation standards for promoting, facilitating, and advancing culturally competent care (Stein 2009). The “Practice Paper of the American Dietetic Association: Addressing Racial and Ethnic Health Disparities” related the recommendations put forth by the IOM to food and nutrition practitioners (Johnson-Askew, Gordon, and Sockalingam 2011, 452). The report included a discussion for dietetic educators, stating: “It is important for the organization and food and nutrition practitioners, including educators, to better understand the challenges that minorities face that prevent them from entering the profession.” White (2013 25) conducted a series of interviews with African American nutrition educators to identify how dietetic programs could develop student cultural competency. The participants discussed needed changes in the educational process, including more multicultural education for dietetic students and exposure to the African American community to help develop sensitivity. One dietitian in the study expressed the following:

Because food is very important, it is very private. It’s special to people, especially those who are in need, who don’t have a whole lot. Dietitians can’t understand the importance of food if you don’t have a lot. Like “why, if you are so poor or you are having [a] health crisis or stress in your life, why are you turning to food. It’s going to make it worse.” I think if you can understand why they turn to food, you can deal with it better.

Having students be a part of the community in order to understand the nuances of cultural beliefs and practices as it relates to food is crucial to addressing the needs of underserved populations successfully.

UTILIZING PRACTICE-BASED LEARNING TO DEVELOP CULTURAL COMPETENCE IN NUTRITION AND DIETETICS

Arthur and Achenbach (2002) discussed how experiential learning encourages students to consider cultural contexts that influence their own

behavior. They advised that instructors must be conscious of providing positive ways for students to process these feelings. Experiential learning can raise awareness about multicultural issues, challenge students' personal frameworks about cultural diversity and help them develop cultural empathy. They also noted that students need to process learning and to examine their worldview through discussion about social and cultural basis of behavior. They may bring feelings, attitudes, and values to the surface for discussion that must be deftly navigated. They suggested incorporating evaluation-written feedback about their learning through journaling.

Stein (2009, 1682) also raised the question, "Is it fair to expect health care professionals—and students in training—to become completely unbiased once they enter the industry or the classroom?" She goes on to state that "it's the unplanned lessons that students appreciate most . . . the informal curriculum which included knowledge-sharing made possible by student body diversity and cultural competence lessons presented in clinical situations" (1679). Dietetic interns participate in programs using food, cooking and eating, games, and interacting with clients in a community setting that afford them opportunities for these unplanned moments. In a study identifying changes needed to increase cultural consciousness in dietetic education, White (2008, 94) recounts the advice from a dietitian supervising students working in a group for teen moms in a housing project:

You got to really just come in there with a bang. Be loud . . . you gotta get down with them . . . I actually would just sit down with them and we'll talk like a family instead of me standing up over them like I'm the one who knows everything.

Another peer educator supervising students in a nutrition education programs for ex-prisoners at a women's homeless shelter told students, "You had to be very down to earth and not give anybody the impression you thought you were 'Miss It' because you had your degree and stuff . . . because they could make you or break you" (White 2008, 95). Therefore, diversity in practitioners, students, clients, experiences, and setting ensure greater competence and more effective service delivery.

NUTRITION AND DIETETICS PROGRAMS AT DOMINICAN UNIVERSITY

The Department of Nutrition and Dietetics is housed in the newly developed College of Health Sciences and strives to produce graduates who can think critically, communicate well, and achieve depth of knowledge in nutrition sciences. In keeping with the goals of Dominican University and the Sinsinawa Dominicans' dedication to values-centered intellectual development, the programs provide foundational knowledge in dietetics, science, and liberal arts. We strive to provide a stimulating learning environment that enriches diversity and prepare students for postgraduate experiences,

advanced degree programs, and entry-level employment in dietetics-related fields. There are six program options offered in the department: a Bachelor of Science (BS) in Culinology® (the study of the culinary arts and food science), a BS and Certificate in Nutrition and Dietetics, the Coordinated Program in Dietetics (CPD), the Individualized Supervised Practice Pathway (ISPP), and the MBA/RDN Coordinated Program. All programs include an element of PBL in various forms, including a requirement to complete a minimum of thirty hours of Community Based Learning (CBL). Supervised practice or field placement for dietetic students to qualify to take the RDN exam is mandated through ACEND (Accrediting Council for Education in Nutrition and Dietetics), our accrediting body, in Program Standard 1.6:

The program must document that students complete at least 1200 hours of supervised practice experiences with a minimum of 900 hours in professional work settings; a maximum of 300 hours can be in alternate supervised experiences such as simulation, case studies and role playing. (Dominican's website: <http://www.dom.edu/departments/nutritionscience>)

The Coordinated Post-Bac Program in Dietetics (CPD), currently being transformed into a master's degree, is designed to provide the achievement of knowledge and performance requirements for entry-level dietitians through the integration of didactic instruction with the minimum required hours of supervised practice. The 1200 hours of field experience are divided between community, clinical, food service management, and specialty rotation sites. Our program also offers the only RDN/MBA program in the country. This is an intense experience for students who often come with no business background and must learn a new language in a disciplinary world with which they are unfamiliar. They do rotations and seminars for supervised practice by day and take MBA courses at night and during the summer semester. Our Culinology® students also are required to do internships in the food industry. This allows them to experience what the real-life challenges are for people to access food, change eating behaviors, and integrate information into their daily lives. "See it, feel it, touch it, eat it and understand how it relates to the larger world," is how one Licensed Dietitian (LD) characterized the way educators needed to approach teaching nutrition in the community (White 2013).

PRACTICE-BASED LEARNING OPPORTUNITIES IN NUTRITION AND DIETETICS AT DOMINICAN UNIVERSITY

Our students participate in providing nutrition education programs at facilities such as food pantries, daycare centers, after-school programs, shelters, and Women Infant Children (WIC) feeding programs to help them decide if they are interested in pursuing a career in community dietetics.

The backbone of our community rotations is provided by our Head Start grant. Now in the sixth year of a contract of just over a million dollars with the Department of Family Support Services (DFSS) of the City of Chicago, we provide direct nutrition services to several Head Start sites for children, parents, and staff, as well as monitor nutrition education practices and food service compliance with Head Start standards for all sites and those in Chicago Public Schools. We were also required to present city-wide staff training and to participate on policy boards around food and health. For Early Head Start, we provide services related to pregnancy, breast feeding, and infant feeding. There are currently over 1700 children enrolled in Chicago's Head Start and Early Head Start programs. As part of these programs we encourage literacy and access to books. We use food-related books to read and educate children and families about nutrition, food, and culture, and to encourage home libraries and reading. At our family health fairs, we include cookbooks as prizes for raffles. In addition to Head Start, we are also contracted to provide educational programs for two Chicago Housing Authority locations and helped to administrate the Summer Food Service Program (SFSP) for the city.

To integrate students into these real-world opportunities, each Dominican University staff member supervises a group of interns with whom they work during the semester. Students participate in a variety of activities, including developing menus, presenting cooking classes for parents, creating food experiences with children, monitoring sanitation policies at sites, and conducting staff training sessions. Students in the community track do a capstone project based on cultural diversity in child nutrition and/or food disparity. They become very familiar with child nutrition standards, diverse community nutrition environments, and the process of developing educational programs throughout the life cycle. There are also some unique rotations, including bilingual clinics, clinics for people without access to healthcare, and rotations in facilities for people with developmental disabilities. Many of our students complete their clinical rotations in Stroger Hospital (formerly Cook County Hospital). This hospital provides healthcare to underserved populations and is known as one of the best training facilities for healthcare workers around the world.

In our RDN/MBA Program we have developed some very interesting rotations and capstone projects for enrolled students to merge their business and nutrition knowledge. An example has been with Dairy Management Inc., which now takes twelve interns per year for semester rotations. They work under both RDNs and non-RDNs during the period of the rotation. Unsurprisingly, the company has hired some of our graduates upon the completion of their studies. We feel we are paving the way for RDNs in the food industry, retail food companies, and food advertising, as Chicago is a center for the food industry as well as healthcare. These graduates are well situated to move into leadership employment positions in both busi-

ness and nutrition settings with all the skills they have learned. We have had very positive feedback from these graduates and their employers.

In the clinical settings, students are required to meet a series of standards demonstrating competencies under the supervision of a RDN. They are required to perform the Nutrition Care Process (NCP), which is a process “designed to improve the consistency and quality of individualized care for patients/clients or groups and the predictability of the patient/client outcomes” (Academy of Nutrition and Dietetics, Evidence Analysis Library 2017). This is done through the use of standardized nutrition language in documentation for individuals, groups, and populations of differing ages and health status in a variety of settings. All Dominican students participate in clinical rotations in both hospitals and outpatient clinics. They must pass these rotations and present case studies to qualify for a verification to take the RDN exam.

RESPONSE TO CULTURAL COMPETENCE IN PRACTICE-BASED LEARNING AT DOMINICAN UNIVERSITY

The creativity and diversity of our staff has been our greatest strength in developing and administrating the various programs in the Department of Nutrition and Dietetics. Many graduates express appreciation for the individualization of the experiences to meet their needs and interests. Graduates also mention their exposure to issues around diversity as a strength; something that has been informed by the director’s research agenda on increasing diversity in the field of dietetics and her doctoral degree in Adult and Higher Education. Consequently, the program is designed to provide inclusion, multicultural experiences, exposure to research and critical thinking skills for all students and staff. In the department’s 2014 program assessment report, many comments made by our graduates on the alumni survey highlighted their positive perceptions of the practical experiences provided:

[The] program offered a wide variety of experiences and locations to complete rotations. The environment promotes community and growth as a student.

The rotations of the program were excellent. I feel that having a chance to experience and work with many different people in the community and to experience cultural diversity is key to successful employment as an RD.

I had an excellent internship rotation. The preceptors and program were excellent. Strengths include diversity and the many opportunities in the community to practice skills needed to become an RD.

Our RDN/MBA students are recognized throughout Chicago as possessing a unique set of qualifications that they bring to both their internship rotations and to the field. Many of our students are offered jobs in food advertising, health associations, and food development companies even

before they graduate. The DFSS in Chicago continues to seek our participation and include us in additional grants (we have gone from \$250,000 in 2010 to \$696,000 in 2017). Dominican serves as an expert resource and center for early childhood nutrition. We hire our own graduates and have increased our staff from four to thirteen multicultural, multilingual preceptors for our students. We continue to develop and include research opportunities for our faculty, staff, and students, addressing important issues such as child obesity prevention and breast feeding education. In their recent federal review of Chicago Head Start, which has the largest grant in the country, the relationship with Dominican was highlighted as one of the greatest strengths.

With the increasing importance of health literacy and health education, we have begun to explore collaborations with the School of Library and Information Science (SOIS). Some of the possible efforts are discussed in the following section.

CONNECTIONS WITH LIBRARY AND INFORMATION SCIENCE

Libraries as Centers of Health Information

Health literacy is a key social determinant of health (Mogford, Gould, and DeVoght 2011, 1252). The Patient Protection and Affordable Care Act of 2010, Title V, defines health literacy as “the degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions.” Research has documented that people with lower health literacy demonstrate poorer health outcomes. In the *Healthy People 2010* report, the Office of Disease Prevention and Health Promotion (2000, 11–19) reported that “people with low health literacy are more likely to report poor health, have an incomplete understanding of their health problems and treatment, and be at greater risk of hospitalization.”

The Centers for Disease Control and Prevention (CDCP) (2016) refined the definition even more by elaborating on the notion of health literacy capacity and skills:

Capacity is the potential a person must do or accomplish something. Health literacy skills are those people use to realize their potential in health situations. They apply these skills either to make sense of health information and services or provide health information and services to others.

The CDCP website also makes it clear that anyone who needs health information and services also needs health literacy skills to

- find information and services;
- communicate their needs and preferences and respond to information and services;
- process the meaning and usefulness of the information and services;

- understand the choices, consequences, and context of the information and services; and
- decide which information and services match their needs and preferences so they can act.

They also make it clear that those who provide health information and services to others, such as a doctor, nurse, dentist, pharmacist, or public health worker, also need health literacy skills to

- help people find information and services;
- communicate about health and healthcare;
- process what people are explicitly and implicitly asking for;
- understand how to provide useful information and services; and
- decide which information and services work best for different situations and people so they can act.

Thus, dietitians and other health professionals and students can work with librarians to increase health literacy and the provision of accurate health information to members of the community. In Dominican's work with Head Start, for example, we must research the most current child nutrition guidelines and government recommendations and turn them into reports, handouts, and newsletters for daycare providers and parents. We are also routinely looking for resource recommendations that help to communicate information about healthy eating to children and families.

A project between the School of Information Studies (SOIS) and the Department of Nutrition and Dietetics could be beneficial to students of both. Library students could provide sources and resources of reliable and current information. They could also help direct dietetic students toward books and materials that are age, culturally, and reading level appropriate. Dietetic students could then use this information to develop presentations and educational materials to utilize in community education environments. Not only would library students gain experience dealing with an authentic information need, but they would also become more aware of opportunities to collaborate with nutrition and dietetics practitioners when they themselves become practitioners.

Researchers in Seattle developed a program utilizing critical health literacy to try to address systemic health inequities (Mogford, Gould, and DeVoght 2011). The project was motivated by the World Health Organization (WHO) Commission on the Social Determinants of Health (SDOH). They developed a flexible curriculum *Just Health Action* to engage and empower people in struggling for health equity. The four parts of the curriculum include knowledge, compass (help students find direction as a social change agent), advocacy skills, and action. Here again, librarians can play a key role in the development and implementation of such a program. Examples of other forms of collaboration, as described by Hindin, Contento,

and Gussow (2004) is a media literacy education program for Head Start parents about the effects of television advertising on their children's food requests. The results suggested that this program could teach parents how to analyze critically forms of media that sell nutrition misinformation to the public. The library could easily play a role in staging and presenting such a program as Media Literacy and Youth, which is often an elective course offered in many LIS programs.

Librarians also work in centers of information for government and health organizations that provide primary sources and raw data for research, such as the National Network of Libraries of Medicine (NNLM). Many dietetic students are unaware of how to gain access to these sources of data and/or how best to navigate/utilize them. A preservice collaboration could help Nutrition and Dietetics students utilize and disseminate research from food industry and government sources to the field and to the public, with the help of preservice library students who are interested in this area of specialization. Another resource used in the field is the Evidence Analysis Library (EAL) developed by the Academy of Nutrition and Dietetics. This is an online resource containing a series of systematic reviews and evidence-based nutrition practice guidelines for RDNs and other health care providers. EAL is always in need of volunteers and contributors, and so a structured internship could provide LIS students with an opportunity to contribute to resource creation and to better understand the specific resource needs associated with the field of nutrition and dietetics.

Libraries as Centers within Communities

To use the city of Chicago as an example: there are vast numbers of libraries available in every neighborhood under the administration of the Chicago Public Library (CPL) system. These are often safe places where children and families go to do homework, utilize computers, find information, or attend events. Most libraries have a meeting room that is accessible to anyone with a library card to schedule for no charge. As such, we have held education nutrition programs for Head Start families and community members in public libraries. We work in conjunction with the programs Cooking Matters and Shopping Matters to create a curriculum that introduces families to low-cost recipes and effective shopping skills. These programs and curricula units are designed to utilize a minimum, or no cooking facilities, and easily are adapted to a community room at the library.

Freedman and Nickell (2010, 192) conducted nutrition education programs in eight public libraries in San Jose California. The workshops, called "Snack Smart", were held for a total of forty-nine ethnically diverse children, ages nine to fourteen. The authors stated that "nutrition education and healthful snacks offered in nonacademic environments provide

ideal opportunities for social learning and improving dietary behaviors.” The staff from the library system joined with faculty and students from the nutrition department of San Jose State University to develop and implement the program. Apart from nutrition-based programming, a subsection of an editorial published in *Public Library Quarterly*, questioned whether “food in the library is a good idea” and noted that “lot of children and adults have their tanks on empty when they show up for library programs” (“Editorial” 2008, 394). The author suggested that this be kept in mind when planning programs as “hunger is another of those societal problems that creeps in under the library door even if a library board or manager refuses to consider its reality.”

To expand this concept even more, the Summer Food Service Program (SFSP), a national program that provides free meals to children eighteen years and under who qualify, is the answer to one of the gaps in the food systems across many cities. In July 2015 alone, the SFSP served nearly 3.2 million children everyday across the nation (Evans 2016). Realistically, this program needs to reach far more children, especially in Illinois and the city of Chicago. The results of a review of research suggest the effectiveness of this program is stymied by lack of sponsorship retention, time-consuming site-registration processes, and failed marketing attempt to inform the public about participating (Evans 2016). Public libraries, as stable institutions within the community, might be able to work with the Summer Food Services Programs to provide both food, nutrition education, and exposure to other library resources for children during the months that they are out of school. The library might also serve as a resource center to help families find access to food and financial support for food. For example, if representatives for WIC (Women Infant and Children) and SNAP (Supplemental Nutrition Assistance Program)—formerly known as food stamps—were available one day per week at neighborhood libraries, this might enhance utilization of these resources. Food pantries and coalitions, such as the Chicago Food Depository (CPD), which partners with over 700 neighborhood pantries, soup kitchens, and shelters, might also be centers of information and resources outreach for families in need.

Libraries as Repositories for Food Culture

In a more literal sense, libraries provide access to materials that help students to understand the deeper connections between food and culture and to provide guidance on the various ways RDNs and dietetics students can incorporate these sources into their research and activism. Cookbooks, for instance, can be utilized in many ways to teach about nutrition and food. Goldman (1993) employed cookbooks as autobiographical data as a key component of her dissertation research entitled *A Hard Labor: Race, Class and the Affirmation of Culture in American Women Autobiographies*.

Shiflett (2004) examined cookbooks, as well as primary sources, to document West African food traditions in her dissertation, *West African Traditions in Virginia Foodways: A Historical Analysis of Origins and Survivals*. In 2005, Hertzler looked at 150 years of children's cookbooks "in order to identify trends in nutrition messages, their cultural meanings, and their themes and topics" (347).

More recently, White (2012) employed critical race theory to examine cookbooks found in a library of a predominantly African American neighborhood to determine the extent to which the history of an oppressed people was told through food. In the African American community, food has historically played an important role maintaining relationships, traditions, and empowerment, as well as nourishment. One might argue that every culture could trace their history through food, and so this kind of work can contribute to the development of an appreciation of the historical context and significance of food practices. Hence there are endless ways to utilize literature and other materials to learn about culture and history, thereby increasing cultural competence. Libraries once again play an important role in facilitating access to the resources that make that process possible.

CONCLUSION

Freire, probably the greatest teacher of community based learning, stated in *Teachers as Cultural Workers* (1998, 58):

Our relationship with learners demands that we respect them and demands equally that we be aware of the concrete conditions of their world, the conditions that shape them. To try to know the reality that our students live is a task that the educational practice imposes on us. Without this, we have no access to the way they think, so only with great difficulty can we perceive what and how they know.

This sentiment applies equally to those of us who teach and to everyone we serve. Practice-based learning is a tried and true pedagogical tool that can lead students to a deeper understanding of their role as citizens as they gain proficiency in the skills required to perform their professional tasks. As a compulsory element of the curriculum, it ensures that students learn through doing and through seeing the world through the eyes of others. It encourages the palpable knowledge that comes from experience and relationships: hearing, feeling, and communicating in new ways and in new venues (Thalen 2013). The benefits of this approach are consistent with the mission of Dominican University and the Department of Nutrition and Dietetics to develop dietitians who see themselves as part of a team of advocates for equal access to good food, health, and nutrition education for all people in the communities we serve. Through increased cultural competence and with libraries and librarians as partners and collaborators, we get that much closer to fulfilling that goal.

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