

The Diversity, Equity, and Inclusion Lens is Incomplete when Disabilities are Excluded:



To the Editor:

The research commentary, “The Need to Incorporate Diversity, Equity, and Inclusion: Reflections from a National Initiative Measuring Fruit and Vegetable Intake,” and its Editor’s Podcast describe steps to assess fruit and vegetable intake with a diversity, equity, and inclusion (DEI) lens to decrease systemic inequities across the food system.¹ Shanks and colleagues¹ used their experience from the US Department of Agriculture National Institute of Food and Agriculture Gus Schumacher Nutrition Incentive Program’s National Training, Technical Assistance, Evaluation, and Information Center to account for DEI in shared measures that include fruit and vegetable intake. They provided recommendations for researchers to develop, revise, and/or implement additional or complementary measures that address DEI. The article broadly defined diversity, equity, and inclusion.¹ The podcast highlighted “gender, sex, race, ethnicity, cultural background, socio-economics, geography, education, and a myriad of other factors”² when defining DEI. Examples and suggestions included gender, race, ethnicity, culture, language, and low/no employment.² Neither the article nor podcast mentioned disabilities.^{1,2}

Executive orders 13985 and 14035 explicitly put individuals with disabilities under the DEI umbrella.^{3,4} The most recent Centers for Disease Control and Prevention data indicate that 61 million US adults—26% or one in four—

have disabilities.⁵ Disabilities are more common among non-Hispanic American Indians/Alaska Natives, Black/African Americans, women, adults aged 65 years and older, adults with income below the federal poverty level, and adults in the southern United States.^{5,6} Adults with disabilities are more likely to have greater body mass indexes, rates of diabetes and heart disease, and to smoke.⁵ The percentages of adults with functional disability types are mobility 13.7%, cognition 10.8%, independent living 6.8%, hearing 5.9%, vision 4.6%, and self-care 3.7%⁶; each type has different potential influences on food access, preparation, and eating behaviors.

Given the overall prevalence of disabilities; intersection between disabilities and poverty; greater prevalence of disabilities among racial minorities, women, older adults, and in the southern United States; and the expectation that disability prevalence will increase as the US population ages, nutrition programs, interventions, and dietary intake assessment methods must consider individuals with disabilities because their inadvertent exclusion has broad nutrition and health ramifications. Individuals with disabilities require inclusion during program and evaluation planning to ensure programs are accessible, that materials are relevant and adaptable, and that assessment materials are applicable for individuals with disabilities.

Individuals with disabilities are a substantial component of DEI. When DEI articles such as the one by Shanks and colleagues¹ and its Editor’s Podcast² suggest future directions, it is essential to explicitly include needs of the quarter of the population with disabilities.

Food and nutrition practitioners, students, and interns with disabilities; disability advocates; and food and nutrition practitioners who work with clients, patients, and/or research participants with disabilities have created a new member interest group of the Academy of Nutrition and Dietetics. The Disabilities in Nutrition and Dietetics Member Interest Group will begin accepting members during spring 2023 and launch on June 1, 2023, to support food and nutrition practitioners, students, and interns with disabilities as well as food and nutrition practitioners,

students, and interns who serve clients with disabilities.

Cheryl Iny Harris, MPH, RD, LDN
Harris Whole Health, Fairfax, VA

Suzanne Domel Baxter, PhD, RD, LD, FADA, FAND
College of Social Work, University of South Carolina, Columbia, SC

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References

- Shanks CB, Parks CA, Izumi B, Andress L, Yaroch AL. the need to incorporate diversity, equity, and inclusion: reflections from a national initiative measuring fruit and vegetable intake. *J Acad Nutr Diet.* 2022;122(7):1241-1245. <https://doi.org/10.1016/j.jand.2022.01.011>
- Snetselaar L, Shanks CB. The Need for Diversity, Equity, and Inclusion in Nutrition Research. July 19, 2022. Accessed October 18, 2022. <https://www.youtube.com/watch?v=TQJw3Ho3VQY&t=1113s>
- Executive order on advancing racial equity and support for underserved communities through the federal government. Executive order 13985. January 20, 2021. Accessed August 21, 2022. <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/>
- Executive order on diversity, equity, inclusion, and accessibility in the federal workforce. Executive order 14035. June 25, 2021. Accessed August 20, 2022. <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/06/25/executive-order-on-diversity-equity-inclusion-and-accessibility-in-the-federal-workforce/>
- Okoro CA, Hollis ND, Cyrus AC, Griffin-Blake S. Prevalence of disabilities and health care access by disability status and type among adults—United States, 2016. *MMWR Morb Mortal Wkly Rep.* 2018;67(32):882-887. <https://doi.org/10.15585/mmwr.mm6732a3>
- Erickson W, Lee C, von Schrader S. Disability statistics from the American Community Survey (ACS). Accessed August 20, 2022. <https://www.disabilitystatistics.org/reports/acs.cfm?statistic=1>

<https://doi.org/10.1016/j.jand.2023.03.008>

Authors’ Response



In their letter, the authors advocate for individuals with disabilities to be explicitly included in all diversity, equity, and inclusion efforts. We agree that disability status is a key factor to incorporate when tailoring measures

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