



## Denine Rogers

Bringing Long-Awaited Equity to the Field

**D**enine Rogers, MS, RDN, LD, FAND, is leading the charge of what many might consider the most impactful change the field of nutrition and dietetics has ever experienced. The events of last year—from the pandemic to Black Lives Matter marches and George Floyd’s murder—brought long-silenced issues of racial inequality and discrimination into laser focus. As chair of NOBIDAN (National Organization of Blacks in Dietetics and Nutrition), Rogers is fighting for diversity in dietetics, which has a growing need for nutrition professionals who represent an array of countries, cultures, ethnicities, and beliefs to serve an increasingly multicultural population. And she’s getting it done.

A full-time telemedicine nutrition consultant with Anthem, Rogers served three years as co-chair of the Anthem e-Commerce Committee of APEX (African-American Professional Exchange), where she educated employees about diversity. Along with discussing health disparities,

particularly among African Americans, Rogers and her co-chair addressed broader concerns, including mental illness and discrimination, an experience that prepared Rogers for her role as chair of NOBIDAN.

After earning her bachelor’s degree in clinical nutrition from Howard University, a notable HBCU in Washington, D.C., Rogers worked in school and hospital foodservice and then clinical nutrition. But health issues arose that wouldn’t resolve. Finally, tired of the medications her doctors kept prescribing, Rogers realized she needed to take charge of her own health by making lifestyle changes. She empowered herself by learning about the world of medicinal herbs as well as the role of food in the relationship between mind, body, and gut, and harnessed the power of their connection in healing herself.

Inspired by her health successes, Rogers earned a master’s degree in complementary and alternative medicine (with high honors) and a graduate certificate in herbal medicine and now shares her passion with clients through her integrative

and functional nutrition private practice, Living Healthy. Rogers empowers her patients by helping them find the confidence they need to take care of their own health. This focus on empowerment also strengthens her commitment to an equitable and diverse nutrition and dietetics field as she works with other RDs to spark the changes needed to realize a more inclusive profession that can better reflect and serve the population.

### **Today’s Dietitian (TD): How did you get to where you are, and what inspired you to become a dietitian?**

**Rogers:** When I was in high school, I had the incredible opportunity to work as a student intern during the summertime at General Foods (now called Kraft General Foods). I had the chance to work in the consumer affairs department and food test kitchens, which was where the dietitians worked. I had never heard of a dietitian before until I had a chance to see and work with one.

Paula Sneed, who was the vice president of consumer and nutrition affairs at Kraft General Foods, mentored me during my internship. It was terrific to work with one of the few African American female VPs in a major Fortune 500 company. She exposed me to what corporate dietitians can do and showed me that I too can work at a major corporation. She even had the local newspaper interview me about my passion for nutrition and dietetics when I was just a teenager. She’s a powerful-minded woman with excellent leadership skills who gave me the discipline to work hard for what you want and to never give up in anything you do.

### **TD: Why is the field of dietetics struggling to diversify, and why is it so important to encourage and expand diversity?**

**Rogers:** I believe the issue is rooted in the divisiveness of the history that’s plagued the nutrition and dietetics field for so long. BIPOC, which stands for Black, Indigenous, and People of Color, have been left out of history in the nutrition and dietetics field, and they also may not have been celebrated for the contributions they’ve made in the field. Much of the history hasn’t been recognized until now. I think that’s probably why there’s not more diversity in this field, because [prospective BIPOC RDs] look at it and think, I’m a person of

color and I don't know if my ethnic group has made any contributions in this field. But they have; they just haven't been told.

That's why I think it's important for everyone to be brought to the table based on how we can work together to mold more diversity into the field of nutrition and dietetics. We're living in a very multicultural country, so we need to really dive in and learn not only about the communities we work with but also about the individuals in these communities, understanding that an individual isn't a representative of an entire community.

### **TD: The Western paradigm of thinking about food is alive in dietetics. How are you working toward a shift in this culture?**

**Rogers:** The Western way of thinking is to just eat for the sake of eating, not to eat or use food to help your mind, body, and spirit and learn that there's a connection between all three. The integrative way is treating the body as a whole person and not a separate part, connecting every facet—the body, the mind, social life, mental life, well-being.

I notice that with many of my patients with gut issues, when I get deeper with them [about other areas of their health and life such as mental health and social life], it helps them out. It helps them really learn and feel empowered about how they can take care of their gut in a proper way, as well as understand the benefit food has to their body. And this has helped them find a way to control some of their gastrointestinal issues. I asked one of my patients who was having bowel issues what she was doing for her anxiety, and she had never thought about that. So, we came up with a mind-body treatment, and it helped her a lot. Now some people may say that is not nutrition, but it sort of is because it came down to what she ate and her relationship with food itself. It makes a big difference.

### **TD: Why is it so important for RDs to address health disparities in BIPOC communities?**

**Rogers:** For one thing, the BIPOC community has been disproportionately experiencing poor health outcomes. According to the US Census, an estimated 54% of the population will comprise ethnic minorities by 2050, so if we don't try to help this population, it will hurt the United States as a whole—not just physically in dealing

with health issues but it also will negatively impact communities, the economy, and the health care system. Having better patient-provider communication makes a big difference. When you have that type of relationship with patients and communities, you can address those health disparities and try to find ways to solve them.

### **TD: What is cultural humility? And what are some ways RDs can begin to support this in their everyday work?**

**Rogers:** The easiest answer to this question is to have an openness and willingness to learn from others; don't make assumptions, be ego-less, and don't dictate what the patient should be learning from you. It's important for dietitians to understand the patient's cultural values, beliefs, and religious practices because they will have a positive reaction and provide more culturally relevant care for the patient. Treat the patient how they want to be treated instead of how you want them to be treated.

One way RDs can foster their cultural humility is through self-awareness. Self-awareness is being conscious of one's strengths, limitations, values, behaviors, beliefs, and perceptions of others. A second way is listening with sympathy and understanding the client's perception of the problem. For example, a client may come to you with the belief that the reason they're gaining weight is because they're getting older, but you can see through a diet recall that it's because they're eating too much and they need to do portion control. You need to sympathize with their perception but also empower them to find their own solution to the problem.

Also understand that there also may be some discomfort in seeing you. Some patients may not look you in the eye since the provider is [in] a position of authority. This might be perceived as being noncompliant or shifty, but the best thing to do is to get on their level, sit at their level, so they can open up more.

The third way is to develop a relationship with patients by asking more questions about their preferences and following their lead. You want to set the tone by asking a lot of questions. This is why open-ended questions make such a difference. You become more aware of that individual from a specific culture and begin to understand where that person is coming from with their values.

### **TD: As chair of NOBIDAN and past co-chair of the Anthem e-commerce Committee of APEX, you're actively working toward diversifying dietetics. What is one of your biggest accomplishments?**

**Rogers:** Last year, I stepped down from my diversity education position with APEX because of some issues that had occurred at NOBIDAN, particularly in June with Black Lives Matter, COVID-19, and the unemployment challenges at that time. For a long time, these issues were brushed beneath the rug, so when they came to the forefront, it enabled us to have a discussion and find solutions to make things better at the Academy and the field of nutrition and dietetics. This has been a very solution-finding time and one of great learning for me as chair.

One of the biggest accomplishments involved opening up the lines of communication with the Academy by hosting our town hall in June, just about the time when the George Floyd incident happened. This gave us time for members to demand change against racism and discrimination and enabled us to find ways to heal by diversifying dietetics. During the town hall, we were able to highlight issues that African American dietitians and students face on a daily basis. Less than 3% of US dietitians are Black. We've been working very hard by opening up communication to find solutions to these problems, and we're starting to see more of the results.

### **TD: What do you like to do for fun when you're not working, and what physical activity do you enjoy?**

**Rogers:** I recently have made my hobby of making essential oil soaps into a side business, which I truly enjoy. I also love to play the flute and read motivational and positive thinking books. Since the start of this year, I have been doing more mindful thinking exercises, which consist of daily yoga practices, meditation, and deep breathing. I love exercising outdoors, so I walk almost five to six times a week with my two beautiful labs for four miles, and I volunteer garden on weekends. I am looking at starting back with strength training exercises very soon. ■

Lori Zanteson is a food, nutrition, and health writer based in Southern California.