

Article

Evaluating Mexican American Young Adult College Students' Perceptions of the Cultural Competence of Registered Dietitian Nutritionists

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Abstract

Registered dietitian nutritionists (RDNs) have an opportunity to play a central role in improving nutritional outcomes among Mexican American young adult college students by helping them make culturally relevant adaptations to their eating patterns. Previous research has suggested limited representation of Mexican Americans among RDNs; therefore, the cultural competence of RDNs as perceived by Mexican Americans is uncertain. The purpose of this study was to evaluate how young adult college-age Mexican Americans (defined as 18–30 years old) perceive the cultural competence of RDNs. A sample of Mexican American ($n = 93$) and non-Mexican American ($n = 120$) young adult college students completed a 19-item online survey, with researchers using a subset of 4 survey items related to perceived cultural competence of RDNs in the present study. Descriptive statistics, Fisher's exact tests with adjusted standardized residuals, and ordinal regression models were used. Fisher's exact tests indicated that Mexican American young adult college students, compared to non-Mexican American young adult college students, reported less agreement that RDNs were knowledgeable about a traditional Mexican diet, that RDNs would take time to know students' food preferences, and that RDNs would take personal preferences into account during nutrition counseling ($p < 0.05$). These associations, however, became insignificant in adjusted regression models. Rather, results indicated that other variables, such as age and lack of prior experience with an RDN, were associated with poorer perceptions.

Keywords: Mexican Americans; cultural competence; registered dietitian nutritionist; eating patterns; young adult college students



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1. Introduction

Mexican Americans account for approximately 11.2% of the population in the United States as of 2022 [1], yet only 6% of registered dietitian nutritionists (RDNs) in the United States are Hispanic or Latino as of 2020 [2]. In 2021, the Academy of Nutrition and Dietetics developed its latest strategic plan to diversify the dietetics profession and to promote the cultural competency/humility of Academy members in response to health inequity among diverse populations [3]. Cultural competency is defined as “the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including the tailoring of health care delivery to meet patients' social, cultural and linguistic needs [4] (p. 3).” It is

a standard required in dietetic education by the Commission on Dietetic Registration [5], suggesting this attribute as vital for RDNs to deliver excellent patient care [6].

In a systematic review, Valerino-Perea et al. [7] defined a traditional Mexican diet by the foods/food groups most commonly reported in the literature, which included grains, tubers, legumes, meats, fruits, and vegetables such as squash, tomatoes, onion, and chile. Although this traditional eating pattern emphasizes many of the same foods outlined in current and past Dietary Guidelines for Americans [8,9], the Mediterranean diet has been the geographically based healthy eating pattern widely promoted by health professional organizations because of its positive impact on health [10–12]. While the Mediterranean diet is capable of being adapted to other geographical eating patterns, dietary components can be difficult to adhere to long-term for those with cultural food preferences and inherent culinary differences that vary from those of the Mediterranean region [12–14]. The Mediterranean diet has the benefit of being extensively researched [15], but other diets around the globe have not been equitably studied [14]. This raises questions as to what extent RDNs are knowledgeable of other global eating patterns outside of the Mediterranean region and whether they are equipped to educate diverse populations, especially the large Mexican American population in the United States [1]. Further, given the lack of diversity in the dietetics profession, this may lead to biased views on nutrition that are not intuitively accommodating of other ways of eating.

Young adult years are a time when eating habits develop as a result of starting independent life [16]. College students are also at risk for nutrition-related health concerns, such as weight gain [16]. This population, if they are part of a cultural minority, may also use cultural foods as a way to improve well-being because of the food's capacity to provide comfort and connection to their culture while they are away from home [17].

The ability of RDNs to provide nutrition education and counseling to the young adult college-age Mexican American population is an area lacking study; therefore, research is needed to understand how best to meet this population's needs. Current research attempts to understand how didactic programs fulfill cultural competence as part of their curriculum and how well RDNs self-assess their own cultural competence [18,19]. However, it is not understood how culturally diverse populations perceive the cultural competence of RDNs. A possible benefit to understanding the perspectives of those that RDNs serve can be more focused and tailored cultural competence training for RDNs. Thus, the purpose of this study was to explore how young adult college-age (18–30 years old) Mexican Americans perceive the cultural competence of RDNs in the context of dietetic consultations.

2. Methods

2.1. Study Design and Population

Researchers conducted a cross-sectional study from October to December 2024 in which Mexican American and non-Mexican American college students from one university in the western region of the United States completed an online Qualtrics survey (<https://qualtrics.byu.edu/>, accessed on 5 October 2024) about the cultural competence of RDNs. Recruitment methods included posting flyers in campus buildings and through on-campus housing bulletin boards, distributing flyers through campus clubs, and by word of mouth. Eligibility criteria included being 18 years of age or older. Anyone who indicated being <18 years of age on the screening survey was not permitted to continue the survey. Students were provided an implied consent form on the beginning page of the survey, with a click of “next” indicating students' agreement to participate in this research study.

2.2. Ethics

Researchers conducted this study in accordance with the Declaration of Helsinki and obtained approval through the Institutional Review Board of Brigham Young University (protocol number IRB2024-116; date of approval, 25 March 2024).

2.3. Survey Measures

Researchers developed a 19-item survey related to students' perceptions about the healthfulness of a traditional Mexican diet and the cultural competence of RDNs (questions adapted from the Schmidt Perception of Nursing Care Scale) [20,21]. The survey included 8 Likert-scale items, 3 closed-ended items with unordered or dichotomous choices, and 8 open-ended response items. The survey also included questions about acculturation (adapted from the Short Acculturation Scale for Hispanics) [22,23] and demographics (e.g., age, biological sex, self-identified gender, ethnicity, race, and generational status of Mexican Americans). Researchers evaluated the survey for content validity through expert reviews and face validity through cognitive interviews.

Three Mexican/Mexican American experts in survey development, food/nutrition, and health (including 1 RDN) evaluated the original survey (at the time, the survey only included 17 items) from March to April 2024 on a scale from 0 (poor) to 10 (exceptional) on clear phrasing, importance, and content appropriateness, using an online Qualtrics (<https://qualtrics.byu.edu/>, accessed on 19 September 2024) survey [24]. Reviewers could also provide additional comments. Questions averaging less than 8 by expert reviewers had the intention of being revised, but no question received an average score lower than 8. However, based on feedback from expert reviewers, the original usage of the phrase "traditional Mexican food" was modified to "a traditional Mexican diet". Also, a definition was added for this revised phrase ("A diet that is authentic to Mexican home cooking, NOT what is eaten in many Mexican American restaurants"). Researchers shared the definition of a traditional Mexican diet with the expert reviewer, who recommended that one be added to the survey and received positive feedback on the wording generated.

Twelve students from three different demographic groups (4 Non-Mexican Americans, 4 Mexican/1st-generation Mexican Americans, and 4 2nd-/3rd-generation Mexican Americans) participated in cognitive interviews between May and August 2024. Cognitive interviews allow researchers to evaluate whether a developed survey is interpreted as intended by the target audience [25]. Participants in the present study completed the cognitive interview in the presence of a researcher over Zoom video conferencing technology (Zoom Video Communications, Inc., San Jose, CA, USA, <https://www.zoom.com/> accessed on 23 August 2024). The researcher prompted participants to talk out loud about how survey items were interpreted and if students felt any survey items should be revised to enhance clarity and relevancy, or if any ideas were missing from the survey [25]. Cognitive interviews revealed that the initial definition for an RDN was too vague. Thus, researchers created a revised definition using insights from other RDNs at Brigham Young University and a definition created by the Academy of Nutrition and Dietetics [26], the national professional organization for RDNs in the United States. Both Mexican American and non-Mexican American students approved the definition for a traditional Mexican diet; therefore, no further edits were made by researchers.

For this specific analysis, researchers used a subset of questions from the survey. This question subset dealt with student perceptions of the cultural competence of RDNs (4 items) and demographic questions, including age, biological sex, self-identified gender, ethnicity, and age.

2.4. Data Analysis

Students who identified as Mexican American, regardless of generational status (e.g., Mexican, first-generation Mexican American, second-generation Mexican American, etc.), were combined into one group referred to as “Mexican American.” Researchers classified all other responses as “Non-Mexican American.” Because researchers were interested in young adults for this analysis, the analytical sample was limited to young adult college students aged 18–30 years. We therefore excluded data from six participants who reported being >30 years old.

All analyses were performed in R programming (version 4.6.0) [27]. In R, researchers did some manipulation of the covariates to prepare the dataset. We converted the ‘Race’ field into indicators for different race categories due to the quantity of responses in certain categories. These indicators are ‘White’, ‘Non-White’, and ‘Other’ (‘White’ and ‘Other’ being the actual options from the survey, and ‘Non-White’ being anything other than those 2 options). We performed rudimentary cleaning of the ‘Age’ field, converting text entries into the equivalent numeric value.

We used Fisher’s exact test with adjusted standardized residuals to compare responses between Mexican American and Non-Mexican American young adult college students for the 4 items related to perceived cultural competency of RDNs.

Ordinal regression models were then used to create linear models for each response variable [28]. In these models, a positive coefficient implies a decrease in the log-odds of the response being in a lower category, or an increase in the log-odds of the response being in a higher category. For example, for ‘Sex – Female’ in ‘KnowDiet’ (defined as “I think a registered dietitian nutritionist (RDN) would know what a traditional Mexican diet is”), an estimate of −0.801 indicates that, all else being equal, the log-odds of a female responding in a higher category decrease by 0.801 as compared to a male, meaning a female is more likely to respond in a lower category (Disagree, Strongly Disagree).

We included the interaction between MexAm (indicator of Mexican American) and MetBefore (indicator of whether a participant has met with an RDN previously) as a primary interaction of interest (does the influence of having met with a nutritionist before change whether someone is Mexican American or not?). After exploring the data and models, we also elected to include the interaction between Age and MetBefore for all models due to having a significant effect on the models. We considered a *p*-value < 0.05 as statistically significant.

3. Results

3.1. Reference for Response Questions

To facilitate easier references for each response question, we introduced a short-hand notation as shown in Table 1.

Table 1. Values that are short-handed in the analysis and results.

Category	Question	Short-Hand
Question	I think a registered dietitian nutritionist (RDN) would know what a traditional Mexican diet is.	KnowDiet
Question	I think a registered dietitian nutritionist (RDN) would tell me that a traditional Mexican diet is a healthy choice.	DietHealth
Question	I think a registered dietitian nutritionist (RDN) would take the time to find out more about my food preferences.	TakeTime
Question	If I communicated with a registered dietitian nutritionist (RDN) about my food preferences, the RDN would take my preferences into consideration as we discussed how to improve my diet.	TakePreferences
Variable	An indicator for Mexican American.	MexAm
Variable	An indicator of Non-Mexican American.	Non-MexAm
Variable	An indicator of whether a participant has met with an RDN previously.	MetBefore

3.2. Demographics

Demographic information is shown in Table 2. Most participants across the total sample were non-Hispanic females. Mean age across the total sample was 21.4 ± 2.6 years.

Table 2. Demographic characteristics of young adult college student survey respondents, by Mexican American vs. Non-Mexican American heritage.

Demographics	Total (<i>n</i> = 213)	MexAm (<i>n</i> = 93)	Non-MexAm (<i>n</i> = 120)
Age, mean $\pm$ SD	21.4 $\pm$ 2.6	21.9 $\pm$ 2.6	21.0 $\pm$ 2.6
Biological Sex, <i>n</i> (%)			
Female	123 (57.7)	51 (54.8)	72 (60.0)
Male	90 (42.3)	42 (45.2)	48 (40.0)
Gender, <i>n</i> (%) *			
Female	122 (57.3)	51 (54.8)	71 (59.2)
Male	89 (41.8)	41 (44.1)	48 (40.0)
Transgender	1 (0.5)	0 (0.0)	1 (0.8)
Other	1 (0.5)	1 (1.1)	0 (0.0)
Race, <i>n</i> (%) †			
American Indian or Alaska Native	2 (0.9)	2 (2.2)	0 (0.0)
Asian	2 (0.9)	0 (0.0)	2 (1.7)
White or Caucasian	158 (74.2)	56 (60.2)	102 (85.0)
Other	22 (10.3)	19 (20.4)	3 (2.5)
Two or more races selected	29 (13.6)	16 (17.2)	13 (10.8)
Hispanic/Latino, <i>n</i> (%)			
Yes	91 (42.7)	79 (84.9)	12 (10.0)
No	122 (57.3)	14 (15.1)	108 (90.0)
Met with Dietitian Before, <i>n</i> (%)			
Yes	29 (13.6)	15 (16.1)	14 (11.7)
No	184 (86.4)	78 (83.9)	106 (88.3)
First-Generation Students			
Yes	38 (17.8)	29 (31.2)	9 (7.5)
No	175 (82.2)	64 (68.8)	111 (92.5)
Major ‡			
NDFS	9 (4.2)	2 (2.1)	7 (5.8)
Non-NDFS	204 (95.8)	91 (97.8)	113 (94.2)

* No respondents selected do not identify as male, female, or transgender. † No respondents selected Black or African American or Native Hawaiian or Pacific Islander. ‡ NDFS = students who reported majoring in a program in the department of Nutrition, Dietetics, and Food Science at Brigham Young University; and Non-NDFS = students who reported having a major outside of Nutrition, Dietetics, and Food Science department at Brigham Young University.

3.3. Proportions

Table 3 outlines young adult college students' perceptions of RDNs for the total sample and by Mexican American (vs. Non-Mexican American) heritage. Most students in the sample agreed that RDNs would know what a traditional Mexican diet is (KnowDiet), that an RDN would take time to become familiar with personal food preferences (TakeTime), and would take dietary preferences into account during nutrition counseling (TakePreferences). Over half of all students were neutral or disagreed that RDNs would tell them a traditional Mexican diet is healthy (DietHealth). Significant differences were evident between Mexican American and Non-Mexican American students for KnowDiet, TakeTime, and TakePreferences.

Table 3. Young adult college students' perceptions of registered dietitian nutritionists, by Mexican American vs. Non-Mexican American heritage.

Question	Total (n = 213)	MexAm (n = 93)	Non-MexAm (n = 120)	p
	n (% , ASR) *			
KnowDiet				<0.001
Strongly Disagree	4 (1.9)	3 (3.2, 0.9)	1 (0.8, 0.8)	
Disagree	35 (16.4)	20 (21.5, 1.2)	15 (12.5, 1.1)	
Neither Agree nor Disagree	38 (17.8)	22 (23.7, 1.3)	16 (13.3, 1.2)	
Agree	109 (51.2)	45 (48.4, 0.4)	64 (53.3, 0.3)	
Strongly Agree	27 (12.7)	3 (3.2, 2.6)	24 (20.0, 2.3)	
DietHealth				0.817
Strongly Disagree	2 (0.9)	1 (1.1, 0.1)	1 (0.8, 0.1)	
Disagree	44 (20.7)	21 (22.6, 0.4)	23 (19.2, 0.4)	
Neither Agree nor Disagree	75 (35.2)	34 (36.6, 0.2)	41 (34.2, 0.2)	
Agree	87 (40.8)	36 (38.7, 0.3)	51 (42.5, 0.3)	
Strongly Agree	5 (2.3)	1 (1.1, 0.8)	4 (3.3, 0.7)	
TakeTime [†]				0.009
Disagree	15 (7.0)	8 (8.6, 0.6)	7 (5.8, 0.5)	
Neither Agree nor Disagree	17 (8.0)	13 (14.0, 2.0)	4 (3.3, 1.8)	
Agree	124 (58.2)	54 (58.1, 0.0)	70 (58.3, 0.0)	
Strongly Agree	57 (26.8)	18 (19.4, 1.4)	39 (32.5, 1.2)	
TakePreferences [†]				0.0001
Disagree	6 (2.8)	3 (3.2, 0.2)	3 (2.5, 0.2)	
Neither Agree nor Disagree	18 (8.5)	14 (15.1, 2.2)	4 (3.3, 1.9)	
Agree	122 (57.3)	59 (63.4, 0.8)	63 (52.5, 0.7)	
Strongly Agree	67 (31.5)	17 (18.3, 2.3)	50 (41.7, 2.0)	

* Totals in columns might not equal 100 due to rounding. ASR = adjusted standardized residual. *p*-values are based on Fisher's Exact Test. [†] No respondents selected Strongly Disagree.

3.4. Coefficient Estimates

We generated an ordinal regression model for each of the response questions. The variables, with the corresponding *p*-value, coefficient estimate (measured as log-odds), and 95% confidence intervals of the estimate, are provided in Tables 4–7. An asterisk between two variables represents the interaction between those two variables.

Table 4. Coefficients for 'KnowDiet' with 95% Confidence Interval.

Variable [†]	Estimate	Lower	Upper	p
Age	0.044	−0.021	0.112	0.189
Sex – Female	−0.801	−1.383	−0.228	0.006
Ethnicity – Other	1.022	0.178	1.871	0.018
Race_White	−0.472	−1.717	0.755	0.452
Race_Non_White	−0.055	−0.753	0.864	0.893
Race_Other	0.438	−0.797	1.627	0.484
MexAm – No	0.214	−1.267	1.715	0.777
MetBefore – No	7.654	4.577	10.821	<0.001
MexAm – No*MetBefore – No	0.219	−1.257	1.682	0.769
Age*MetBefore – No	−0.347	−0.494	−0.203	<0.001

[†] The Race variables are 1/0 (Yes/No) indicators. The other variables have the following comparisons: Sex – Female vs. Sex – Male. Ethnicity – Other vs. Ethnicity – Hispanic/Latinx. MexAm – No vs. Mex-Am – Yes. MetBefore – Yes vs. MetBefore – No. * Interaction between the two variables.

Table 5. Coefficients for ‘DietHealth’ with 95% Confidence Interval.

Variable [†]	Estimate	Lower	Upper	p
Age	0.046	−0.019	0.113	0.173
Sex – Female	0.073	−0.479	0.624	0.796
Ethnicity – Other	0.340	−0.507	1.191	0.439
Race_White	−1.208	−2.476	0.011	0.055
Race_Non_White	−0.039	−0.788	0.875	0.926
Race_Other	−0.249	−1.521	1.016	0.699
MexAm – No	0.659	−0.832	2.184	0.390
MetBefore – No	3.537	0.703	6.443	0.015
MexAm – No*MetBefore – No	−0.622	−2.084	0.810	0.397
Age*MetBefore – No	−0.148	−0.283	−0.017	0.029

[†] The Race variables are 1/0 (Yes/No) indicators. The other variables have the following comparisons: Sex – Female vs. Sex – Male. Ethnicity – Other vs. Ethnicity – Hispanic/Latinx. MexAm – No vs. Mex-Am – Yes. MetBefore – Yes vs. MetBefore – No. * Interaction between the two variables.

Table 6. Coefficients for ‘TakeTime’ with 95% Confidence Interval.

Variable [†]	Estimate	Lower	Upper	p
Age	0.063	−0.005	0.132	0.068
Sex – Female	0.182	−0.376	0.740	0.523
Ethnicity – Other	0.021	−0.790	0.832	0.959
Race_White	−0.497	−1.708	0.715	0.422
Race_Non_White	−0.103	−0.883	0.677	0.796
Race_Other	−0.262	−1.530	1.006	0.685
MexAm – No	0.652	−0.855	2.158	0.396
MetBefore – No	2.221	−0.682	5.124	0.134
MexAm – No*MetBefore – No	0.064	−1.420	1.548	0.933
Age*MetBefore – No	−0.103	−0.240	0.035	0.143

[†] The Race variables are 1/0 (Yes/No) indicators. The other variables have the following comparisons: Sex – Female vs. Sex – Male. Ethnicity – Other vs. Ethnicity – Hispanic/Latinx. MexAm – No vs. Mex-Am – Yes. MetBefore – Yes vs. MetBefore – No. * Interaction between the two variables.

Table 7. Coefficients for ‘TakePreferences’ with 95% Confidence Interval.

Variable [†]	Estimate	Lower	Upper	p
Age	0.109	0.039	0.181	0.002
Sex – Female	0.211	−0.365	0.789	0.473
Ethnicity – Other	−0.052	−0.897	0.793	0.904
Race_White	−1.101	−2.438	0.214	0.101
Race_Non_White	−0.410	−1.265	0.435	0.343
Race_Other	−0.853	−2.182	0.489	0.207
MexAm – No	1.309	−0.245	2.890	0.100
MetBefore – No	1.952	−1.090	5.017	0.209
MexAm – No*MetBefore – No	−0.160	−1.708	1.379	0.838
Age*MetBefore – No	−0.087	−0.230	0.055	0.232

[†] The Race variables are 1/0 (Yes/No) indicators. The other variables have the following comparisons: Sex – Female vs. Sex – Male. Ethnicity – Other vs. Ethnicity – Hispanic/Latinx. MexAm – No vs. Mex-Am – Yes. MetBefore – Yes vs. MetBefore – No. * Interaction between the two variables.

Young adult college students who do not identify as Hispanic ethnicity and those who had not met with a dietitian before were more likely to agree that a registered dietitian nutritionist would know what a traditional Mexican diet is (‘KnowDiet’) compared to Hispanic students and those who had met with a dietitian previously, respectively (Table 4). A significant interaction between age and young adult college students who had not met with a dietitian previously was also evident, with older students who had not met with a

dietitian more likely to disagree with the ‘KnowDiet’ variable compared to younger ages. No significant differences were noted for Mexican American vs. non-Mexican American young adult college students.

A significant interaction between age and young adult college students who had not met with a dietitian previously was evident for the ‘DietHealth’ variable, with older students who had not met with a dietitian more likely to disagree that an RDN would tell them that a traditional Mexican diet is a healthy choice compared to younger ages (Table 5). No significant differences were noted for Mexican American vs. non-Mexican American young adult college students.

No significant effects were identified for ‘TakeTime’ (Table 6).

Young adult college students who are older are more likely to agree that an RDN would take their food preferences into account when planning a diet, as opposed to younger students (Table 7). No significant differences were noted for Mexican American vs. non-Mexican American young adult college students.

3.5. Plots

The following graphs show the influence of various factors on the response. For each plot, the x-axis consists of the available buckets for the Likert scale (1 for Strongly Disagree to 5 for Strongly Agree). For some questions, no respondents answered ‘Strongly Disagree’, so there is no information available for that bucket. The y-axis shows the predicted proportion of participants who would respond with that answer.

3.5.1. MexAm

The influence of being Mexican American (or not) is shown in Figure 1. This effect was found to be non-significant for all questions.

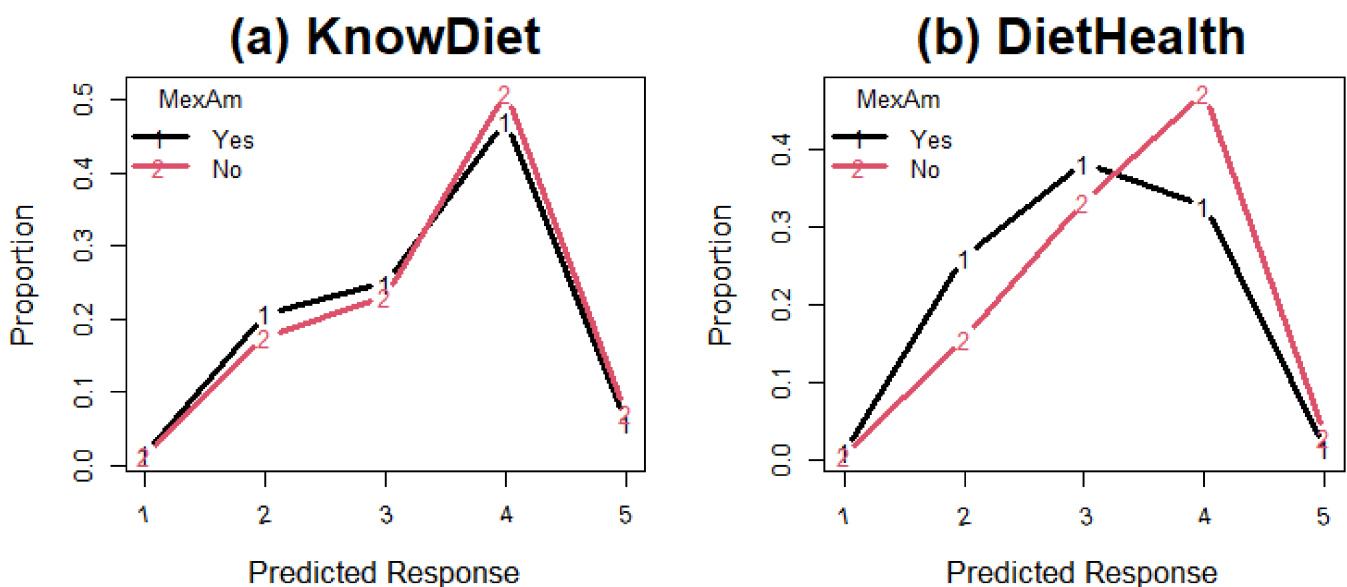


Figure 1. Cont.

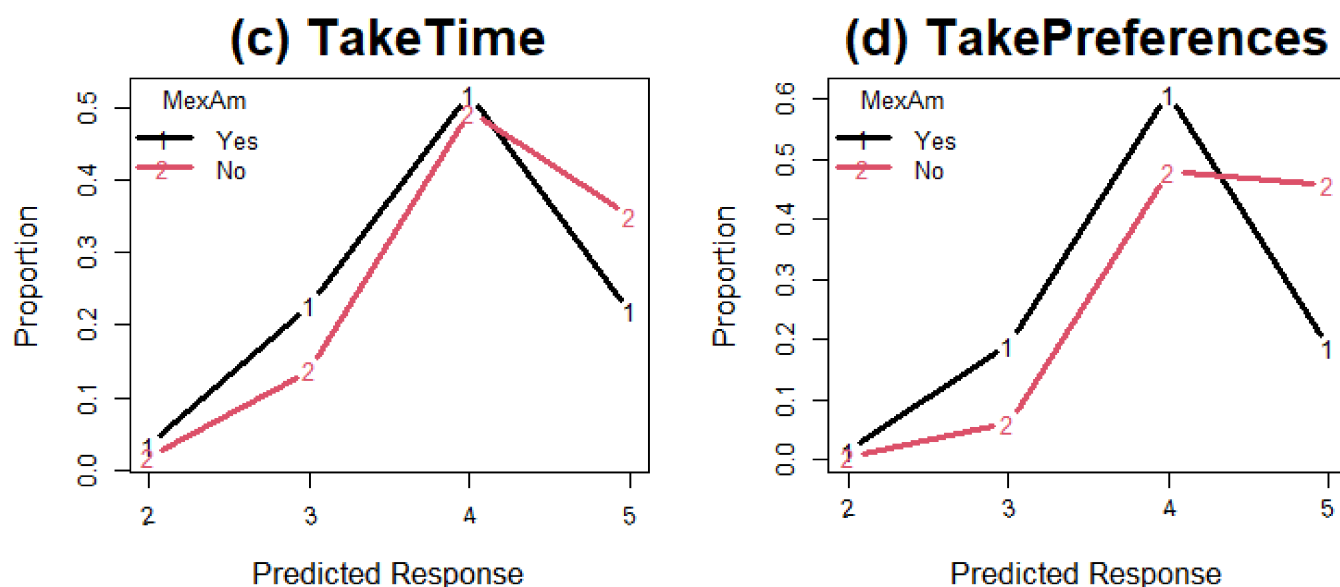


Figure 1. Plot showing the influence of MexAm (defined as “an indicator for Mexican American”) on (a) ‘KnowDiet’ (defined as “I think a registered dietitian nutritionist (RDN) would know what a traditional Mexican diet is.”) (b) ‘DietHealth’ (defined as “I think a registered dietitian nutritionist (RDN) would tell me that a traditional Mexican diet is a healthy choice.”), (c) ‘TakeTime’ (defined as “I think a registered dietitian nutritionist (RDN) would take the time to find out more about my food preferences.”), and (d) ‘TakePreferences’ (defined as “If I communicated with a registered dietitian nutritionist (RDN) about my food preferences, the RDN would take my preferences into consideration as we discussed how to improve my diet.”), after accounting for the influence of all other variables.

3.5.2. MexAm:MetBefore

The influence of being Mexican American (or not) and having met with an RDN before (or not) is shown in Figure 2. This interaction was found to be non-significant for all questions.

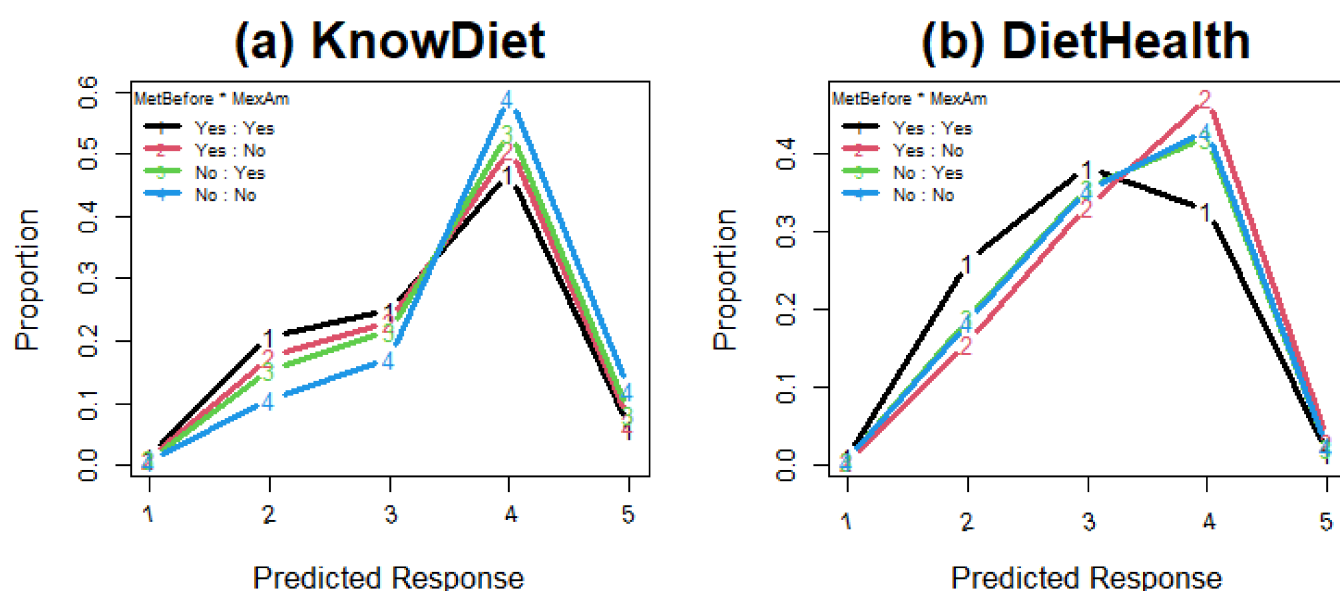


Figure 2. Cont.

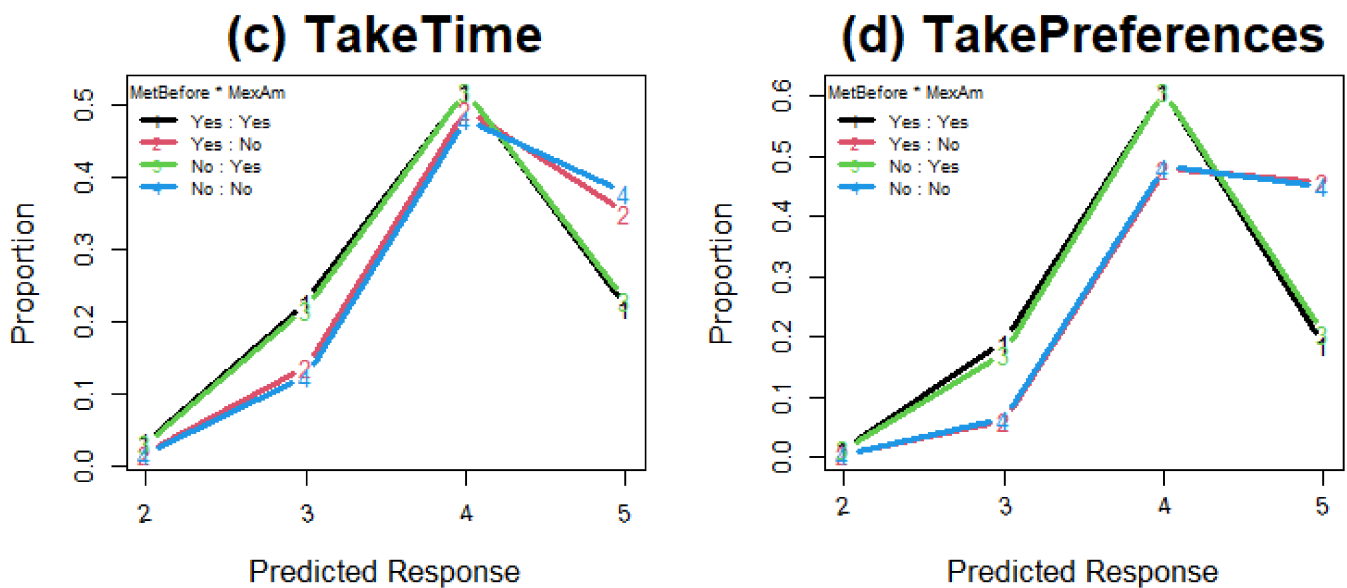


Figure 2. Plots showing the influence of the interaction between MexAm (defined as “an indicator for Mexican American”) and MetBefore (defined as “An indicator of whether a participant has met with an RDN previously”) on (a) ‘KnowDiet’ (defined as “I think a registered dietitian nutritionist (RDN) would know what a traditional Mexican diet is.”), (b) ‘DietHealth’ (defined as “I think a registered dietitian nutritionist (RDN) would tell me that a traditional Mexican diet is a healthy choice.”), (c) ‘TakeTime’ (defined as “I think a registered dietitian nutritionist (RDN) would take the time to find out more about my food preferences.”), and (d) ‘TakePreferences’ (defined as “If I communicated with a registered dietitian nutritionist (RDN) about my food preferences, the RDN would take my preferences into consideration as we discussed how to improve my diet.”), after accounting for the influence of all other variables. * Interaction between the two variables. Lines 1 and 2 correspond to respondents who had met with a RDN before and lines 3 and 4 correspond to respondents who had not met with a RDN before. Lines 1 and 3 correspond to those who identify as Mexican American and lines 2 and 4 correspond to those who do not identify as Mexican American.

4. Discussion

The purpose of this study was to explore how young adult college-age Mexican Americans perceive the cultural competence of RDNs in the context of dietetic consultations. Initial Fisher’s exact test analyses indicated significant differences between Mexican American and Non-Mexican American young adult college students for RDNs’ knowledge about a traditional Mexican diet (KnowDiet), RDNs taking time to find out students’ food preferences (TakeTime), and RDNs considering students’ food preferences during nutrition counseling (TakePreferences). However, after adjusting for demographic variables in the ordinal regression models, this association was no longer statistically significant. This research indicated that Mexican Americans and non-Mexican American young adult college students have similar beliefs about RDNs’ cultural sensitivity.

Perhaps the most plausible reason as to why there was no statistically significant difference between the two groups could be related to the demographics of the sample. Of those who identified as “Mexican American”, only 23% of them identified as being Mexican or 1st generation Mexican American, leaving 77% identifying as 2nd generation Mexican American or higher. This means that the majority of respondents who identified as Mexican American were likely more acculturated to the U.S. and therefore did not resemble their less acculturated counterparts, despite being all grouped as “Mexican American” [29], thereby potentially contributing to statistically insignificant results.

The sample in the present study largely viewed RDNs as culturally sensitive by the KnowDiet, TakeTime, and TakePreferences variables. One explanation for these findings

may be related to RDNs having a positive public reputation in the United States [30]. Riediger et al. [31] also found that college students majoring in dietetics described RDNs favorably, identifying them as professionals with nutrition expertise. Given that our study sample included students primarily outside the nutrition/dietetics field, our findings suggest that positive perceptions of RDNs' cultural competency might extend to a broader young adult college student population. While the results of this study demonstrate favorable perspectives, it is important for practitioners to remember that individuals within the same culture or age group are not homogenous in their beliefs [32]. Practitioners should consider how perspectives are shaped by individual differences and experiences.

Although participants largely agreed that RDNs were culturally sensitive, participants were ambivalent about whether they believed an RDN would tell them that a traditional Mexican Diet is a healthy choice. This may be a result of participant misinterpretations of a traditional Mexican diet, despite positive results from expert reviews and cognitive interviews, and providing a definition on the survey. Or it may be a result of limited dietetic training on eating patterns from different cultures, favoring the more commonly presented Mediterranean region dietary patterns [33]. RDNs are well poised to support healthful consumption of traditional diets and are better able to do so when they are informed about what diverse cultures may eat [19]. Given the neutrality of this variable across the sample, further education of dietetic students on diverse, healthy eating patterns across the globe, including a traditional Mexican diet [33], may be warranted.

Curiously, age and having met with an RDN held a significant interaction, with young adult college students who were older and who had not met with a dietitian more likely to disagree with the 'KnowDiet' and 'DietHealth' variables compared to younger ages. The reason why being older and not having met with an RDN significantly decreased the degree to which the sample perceived RDNs to be culturally sensitive is not understood. One plausible reason may be related to adverse experiences; older young adult college students may hold more negative experiences than younger students, as they have had more time to transition into managing their own healthcare [34]. So, despite not having met with an RDN before, perhaps young adult college students who are older naturally feel more wary of health professionals due to negative experiences in the healthcare system. Emerging adulthood is a time of important life events and perspective changes [35]; it is possible that the sample showed a trend of a more negative view of RDNs as subjects aged through their college years.

Limitations of the study include the small and homogenous nature of the sample. This may have contributed to the lack of significant findings since participants were pooled from the same university. To address this limitation, future research can gather participants from multiple centers and collect data from a larger sample of young adult college students. A larger sample size that can stratify results by generational status may also create a clearer picture of how generational status may impact Mexican American perceptions of RDNs (i.e., a Mexican immigrant may hold different views than a 4th-generation Mexican American. In this research, the two were not distinguished). Another study limitation was the use of a convenience sampling approach. Thus, our study findings may not be reflective of all Mexican American young adult college students on our campus or other college campuses [36]. Further, we only asked participants if they had met with a dietitian before and did not ascertain any nutrition-related health conditions of the participants. This may have offered further insights into dietitians' cultural competence with Mexican Americans and is a topic that could be addressed in future research. Exploring Mexican Americans' and non-Mexican Americans' personal experiences interacting with RDNs might also tease out potential differences between these groups that were not observed in this survey.

5. Conclusions

In conclusion, this research indicated that among young adult college students, identifying as Mexican American as opposed to non-Mexican American does not significantly alter perceptions of the cultural competence of RDNs. This could indicate that, simply, the two groups have similar perceptions of the cultural competence of RDNs and that this demographic is not a strong indicator of that variable. It may also suggest that perceptions of the cultural competence of RDNs are shaped by other factors—such as the age of young adult college students—which warrants further investigation. Further research is needed to understand how Mexican American young adult college students perceive RDNs in order to improve patient care for this population.

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Abbreviations

The following abbreviations are used in this manuscript:

RDN	Registered Dietitian Nutritionist
KnowDiet	I think a registered dietitian nutritionist (RDN) would know what a traditional Mexican diet is.
DietHealth	I think a registered dietitian nutritionist (RDN) would tell me that a traditional Mexican diet is a healthy choice.
TakeTime	I think a registered dietitian nutritionist (RDN) would take the time to find out more about my food preferences.
TakePreferences	If I communicated with a registered dietitian nutritionist (RDN) about my food preferences, the RDN would take my preferences into consideration as we discussed how to improve my diet.
MexAm	Indicator for Mexican American
Non-MexAm	Indicators for Non-Mexican American
MetBefore	Indicator whether a participant has met with an RDN previously

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