

The events over the past two weeks have shaken us to our core. We are overwhelmed and outraged by the death of George Floyd and countless others. We stand by their families and pledge to do more to help build a more equitable future.

Our ambition is a future where health equity is achieved. What does this mean? Health equality means giving every person the same thing, whereas health equity means giving people what they *truly need* to reach their optimal health. As we've found in our research, the answer is different for everyone. We are a business that works in both Boston and London. While the social healthcare system in the UK offers equality to some extent, we have discovered similar dramatic differences in outcomes for minorities on both sides of the Atlantic.

When we embarked [on PREDICT](#), to run the world's largest nutrition study we were faced with some hard truths. Research has a history of bias. Participants in research tend to be mostly white and male and there are few mandates for research subjects to be representative of populations. Only in the early 1990s [did the NIH suggest a policy that women and minorities should be included in medical research](#). Even after the new policy was created, much research continued to be over-represented with white male study subjects.

Recruiting to ensure that participants are representative of the population is not easy, but things worth doing often aren't. We worked with Diversify Dietetics for PREDICT 2 to recruit people of color into the study and focused on this every week in our recruiting. We are extremely proud of the diversity we recruited for our study, with 25% of participants from ethnic minorities and 70% women, but despite this, we have to be honest that it was still less representative of African Americans than we had hoped for.

By studying representative populations, our hope is that our scientific discoveries can provide answers for everybody - not just white men. By missing out on the full picture [many people fail to recognize the underlying issues that cause health disparities](#). Health advice has historically suggested there is one answer for what you should eat, or what medicine works best for you. We are committed to research that is representative and recognises that there is often no one size fits all answer. Indeed our research has demonstrated how immensely varied we all are as members of the human race, even when measuring fundamental things like our responses to food.

As we continue COVID research in the United States, we're proud to have been working with the [Multi-ethnic Cohort](#) and the [Black Women's Health Study](#) from the start. But this isn't enough, so we've been working on a Spanish language app for the last few weeks to ensure we are giving symptom study access to the Hispanic community in the United States too. The app will launch in the US next week. Our COVID research has already discovered large disparities between ethnic groups, which we will be publishing shortly.

We urge you to donate to the Black Women's Health Study to continue to drive innovation forward for the health of Black women. And we welcome suggestions on ways to progress health equity, rather than just the idea of health equality.

"We need to pay attention to the fact that disparities do exist, Black women have been ignored for many years. But the important thing about this study is that it looks at women who have never really been given the opportunity to partake in a longitudinal study." Catherine Alicia Georges Ed.D, BWHS Advisory Board.

<https://www.youtube.com/watch?v=CU5Ogdnb-IE&feature=youtu.be>

One of our company values is ***respectfully inclusive***. We aim to promote diversity of ideas and thinking because we value what makes each of us unique in our science, our company, and the community. As we reflect on what we value, we realize that our current efforts are imperfect and we have a long way to go. We encourage everyone to take the time to learn, to listen and to be open to a diversity of thought which allows us to begin to realize prejudice, become anti-racist, and work towards a healthier, more inclusive future for all.

**Reading list:**

[Stop Blaming Black People for Dying of the Coronavirus](#)

[The impact of racism on future health](#)

[Gender bias in research: how does it affect evidence-based medicine?](#)

[Wanted: single, white male for medical research](#)

[The 1619 Project](#)

[“Hearing the Voices”: African American Nutrition Educators Speak about Racism in Dietetics](#)

**Nutritionists and Scientists to follow**

[Deanna Belleny Lewis MPH, RDN](#)

[Wendy & Jess, RDs, CDEs](#)

[Kim Rose RDN, CDCES, CNSC, LD](#)

[Rachel Davis MPH, RD, LDN, IBCLC](#)

[Christyna, MS, RDN, LDN](#)

[Valerie Agyeman, RD](#)

[Kendra Tolbert, MS, RDN, RYT, CLC](#)

[Shana Minei Spence, MS, RDN, CDN](#)

[Maya Feller MS, RD](#)

[Stephanie Carter, MS, RDN](#)

[Christine Dyan Thompson RD](#)

[Mia Donley, MPH, RDN](#)

[Dalia Kinsey, RD, LD](#)

[Germaine Guy, MS, RD, CSR](#)

[Jasmynn Lahner, RD](#)

[T. Turner MS RD LDN SNS FAND](#)

[Dr Monica F. Cox](#)

**Organizations to donate to:**

**[Diversify Dietetics](#)**

Over the past 20 years the nutrition field has seen a decline in black representation. Only 2.6% of US RDNs are black, donate to [Diversify Dietetics](#) to support black men and women entering the dietician profession to access mentorship and internships.

**[The Black Women’s Health Study](#)**

Black women have higher rates of many illnesses, such as hypertension, breast cancer at young ages, diabetes, stroke, and lupus. There needs to be a better understanding of the causes of these illnesses and the determinants of good health. Since 1995, the Black Women's Health Study (BWHS) has recognized that need and has continued working to answer these questions.