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ADVANCING EQUITY AND ANTI-RACISM IN DIETITIAN REGULATION

PREPARED FOR THE COLLEGE OF DIETITIANS OF ONTARIO

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EXECUTIVE SUMMARY

The importance of advancing equity and anti-racism within health professions has gained recent attention. Regulators have attempted to increase diversity while seeking structural reforms to advance equity. However, efforts remain constrained while persons from racialized groups continue to experience discrimination. To support a more fulsome, rigorous, and sustained effort in this area, the College of Dietitians of Ontario (CDO) sought external consultation and commissioned a report to inform future work.

Several activities were conducted including a literature search, environmental scan, internal/external engagement, and a policy audit. There were multiple discussions with CDO and this report provides a set of key findings and recommendations:

FINDINGS

1. Potential areas to advance EDI-B within dietitian regulation are mostly similar to other health professions with a few unique opportunities for CDO.

2. Specific ways that CDO can address equity and antiracism include capacity building within the organization while promoting thought leadership among the profession.

3. The CDO has a strong professional practice infrastructure that can be leveraged to promote education/training opportunities and the development of standards in anti-oppressive dietetic practice.

4. There is currently limited infrastructure, particularly within CDO Council to address equity/antiracism.

5. Existing policy would benefit from a more inclusive approach to policy co-design.

Recommendations

1. **Thought Leadership:** Promote thought leadership by establishing professional standards related to EDI-B in the profession.

2. **Enhance Evaluative Mechanisms:** Enhance mechanisms for feedback and appeal for stakeholders.

3. **Address the Representation Gap:** Enhance representation and diversity within CDO staff and governance.

4. **Co-Design Policy:** Critically appraise existing policies and consider an inclusive approach to policy co-design with racialized and minoritized stakeholders.

5. **Build Capacity:** Resource and assign a lead for equity/anti-racism within the CDO to promote future activities related to equity/anti-racism.

6. **Enhance and Spread Training:** Leverage existing professional practice infrastructure to develop and expand existing training offerings.

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INTRODUCTION AND BACKGROUND

Dr. Javeed Sukhera was initially contacted by the College of Dietitians of Ontario (CDO) leadership in the summer of 2020. The Registrar sought expert consultation regarding developing an action plan to address equity, diversity, inclusion, and belonging (EDI-B). After initial discussions, a proposal was accepted in October 2020 to conduct a facilitated half-day training and strategic planning session with CDO staff. The session was conducted in December 2020, and the early part of 2021 was spent in discussions with CDO leadership regarding the findings from this session that would inform an action plan. The proposed activities included:

AREA OF FOCUS 1: CAPACITY BUILDING AND CULTURE CHANGE

CDO began sensitive conversations on what EDI-B means for the organization and how this relates to their internal functioning and their external mandate. Engagement with staff suggested that work was required to build a shared understanding of how EDI-B within the organization can relate to and inform EDI-B related activities outside of the organization.

The recommended actions to build capacity and foster culture change were:

1) TRAINING AND COACHING FOR EDI-B CHAMPIONS WITHIN CDO

- Identifying champions and an internal task force with representation from across the CDO staff and Council.

- Measurable deliverables including identifying champions and developing terms of reference for the new group.

- Task the group with building infrastructure to support EDI-B within the CDO, while linking to external work happening at other colleges.

- Support the establishment of the new group and provide training/coaching over a series of 2-3 meetings to help establish self-sustaining infrastructure.

2) TRAINING AND COACHING FOR ASSESSORS IN CDO'S QUALITY ASSURANCE PROGRAM

- Given CDO's mandate, assessors are key stakeholders in addressing EDI-B externally.

- Measurable deliverables would be a 2-hour coaching session with assessors and a 1-hour follow-up a few months later.

AREA OF FOCUS 2: POLICY AND PUBLIC RELATIONS

Dietitians are a unique profession within healthcare. Anecdotally, the demographics of Ontario's dietitians do not include diverse representation. There are also implications for EDI-B related to weight stigma that add a layer of complexity. Before more work can proceed, further engagement is needed with external stakeholders to understand the context of dietitian regulation in Ontario and Canada.

The recommended actions to address policy and public relations are:

3) STAKEHOLDER ENGAGEMENT AND CONSULTATION

- This work involves conducting an environmental scan and literature search regarding EDI-B within the profession of dietitians.

- There would also be focus groups with dietitians in Ontario and a possible survey to better understand the unique nature of EDI-B in the profession.

4) POLICY AUDIT

- A policy audit would be a detailed critical review of CDO's existing policies as they pertain to regulation from an EDI-B perspective. It is understood that not all professional practice policy would be reviewed as part of the audit.

- An audit would result in a set of recommended revisions that would also be informed by stakeholder engagement.

Dr. Sukhera proposed to develop terms for a new EDI-B Task Force and begin meetings to build capacity while working towards finalizing a literature search/scan, stakeholder engagement, policy audit, and training activities.

LITERATURE SEARCH AND ENVIRONMENTAL SCAN

METHODOLOGY

Multiple searches were conducted utilizing both scientific databases, grey literature, and social media. The search strategy continued to be iteratively revised once more focused areas of inquiry were developed. Each section below summarizes key themes from the literature search and environmental scan. An annotated bibliography is included as an appendix.

SUMMARY OF LITERATURE ON EDI-B IN HEALTH PROFESSIONS REGULATION

A comprehensive literature review for all health professions regulators related to EDI-B found that regulators such as CDO have an important role to play in advancing EDI-B, yet there have been limited initiatives to date. The field has yet to grapple with such issues in a meaningful way. Overall barriers to acknowledging the influence of systemic racism include a culture of denialism and avoidance. Traditionally, professional regulation has not paid attention to critical analyses of power. For example, regulators often over-estimate professional power and under-estimate the role of the state and other stakeholders (Adams, 2020).

Regulators carry considerable power by conferring state sanctioned legitimacy on what can be considered a profession and have autonomy and social influence (Aldridge, 2008; Lemmens, 2019; Adams, 2009). Historically, Canadian regulators have sought control over professionals in a manner that has been influenced by Eurocentric norms. The power of regulators is also important when they are considered as gatekeepers or standard bearers. For example, decisions made by one regulatory body in Canada can have an impact on the quality and practice of a health discipline somewhere else in the world (Cutcliffe et al, 2011).

Two key areas in which equity/anti-racism can be addressed include: (1) complaints/discipline, (2) registration/licensure. Although research on race-based investigation are limited, professionals who face discipline tend to be racialized. There is emerging research that suggests that issues of patient bias from health professionals requires attention within the regulatory sphere. In addition, barriers faced by internationally trained professionals can be a challenge to advancing equity. Since regulators function as

gatekeepers, they have a role in shaping structural barriers that centre colonial assumptions (Cheng, Spaling, & Song, 2012). Additionally, literature on internationally licensed health professional highlights the multiple barriers to achieving Canadian licensure and experiences of exclusion and marginalization.

A previous review of equity and anti-racism in health professions regulation suggested the need for enhanced mechanisms for feedback/evaluation of processes from racialized registrants, enhanced public trust through collaboration. Examples of ways that regulators can advance equity/anti-racism include inclusive approaches to policy co-design (Sukhera, 2021).

EDI-B IN A DIETETIC CONTEXT

In general, there is a paucity of literature on equity or anti-racism specific to a dietetic context. Most literature is in the United States. Commentaries have highlighted the importance of increasing diversity of the profession (Bergman, 2013), enhance mentorship, and reduce institutional barriers that perpetuate disparities (Burt, 2018). Recommended interventions include financial incentives, academic credit for prior learning, and pipeline programs (Burt, 2018). Most Dietitians in the U.S. are White as of 2018 (76.4%) and there has not been a significant increase in diversity in the past few years (2/3 in Burt, 2018). Barriers include the lack of internship opportunities which is further exacerbated by the lack of minorities on faculty and selection committees (Suarez & Shanklin, 2002).

In a Canadian context, the concept of anti-oppressive dietetics builds upon principles that include recognizing power/privilege, identifying racism/oppression, amplifying lived experience, and advocating for change. Dietetic practice in Canada requires recognition of household food security and how racism and other structural determinants may influence access to food. Dietitians in Canada may be uncomfortable with discussions regarding social justice or anti-racism and issues related to income inequality. Traditional training programs do not appear to have advanced curricula in these areas in several years and as of the fall of 2020, there were no anti-oppression statements within dietetic agencies across Canada. No regulatory organization explicitly mentioned an anti-racist or anti-oppressive approach at the time. Dietetic organizations have generally been reactive rather than proactive (Ng, 2021). In a 2021 review, there were only 8 cited articles specific to a dietetic context. Issues included advancing and naming oppression through

recognition of privilege (Oickle, 2019), naming weight bias (Bessey & Lordly, 2019), acknowledging colonialism (White, 2013) in the profession. The product of this review suggests a definition for anti-oppressive dietetic practice is needed. The authors suggest:

> *"Dietitians can engage in anti-oppressive practice by providing food and nutrition care/planning/service to clients while simultaneously seeking to transform health and social systems towards social justice."*

While naming four guiding principles: 1) recognizing power and privilege, 2) naming racism and oppression, 3) acknowledging and amplifying lived experience of oppression, 3) advocating for social change. Specific case examples in dietetics include acknowledging and addressing food insecurity or the impact of colonialism on the disruption of food systems.

Another area of opportunity relates to education and capacity building for dietitians. In a recent semi-qualitative survey with Canadian dietitians, Fraser and Brady found that while respondents had a positive attitude towards the role of a dietitian in social justice advocacy, there was considerable uncertainty and variation regarding how social justice fits within dietitians scope of practice (Fraser and Brady, 2021).

FINDINGS AND RECOMMENDATIONS FROM LITERATURE SEARCH AND SCAN

The literature on equity/anti-racism in dietetics highlights many themes that are similar to other health professionals. Areas of opportunities specific to a dietetic context speaks to education/training on anti-oppressive practices specific to the profession and recognizing the role of weight stigma and food insecurity in perpetuating inequities. Findings suggest that CDO has the opportunity to promote and evaluate groundbreaking work in this area.

POLICY AUDIT

INTRODUCTION AND METHODOLOGY

As part of our work, a critical review of CDO's existing policies were conducted. First, staff and stakeholders were asked to consider which policies were pertinent for the review. A set of diverse policy documents were provided including personnel, professional standards, assessment, and registration. A total of 74 policy documents were reviewed totaling 328 pages. A list of all documents reviewed is available in an appendix to this report.

Policy analysis was informed by the work of critical social scientists including Foucault and Crenshaw (Foucault, 2019; Crenshaw, 2017). This approach critically examines the origin of long-standing ideas and 8traces the development of emerging ones. The analysis is a rigorous approach that explores how language relates to social practice, knowledge, and power relations (Kuper et al, 2013).

FINDINGS

Overall, policies are mostly sound and aligned with many principles related to EDI-B. Most policies prompted no recommended changes or only minor changes. The categories below provide a synthesis of salient findings.

1. POLICY CONSOLIDATES POWER IN SMALL GROUP RATHER THAN DISTRIBUTING POWER IN A MORE EGALITARIAN WAY.

Policy language conveys that structural power within the organization is centralized within the registrar and staff. Power and discretion across multiple areas of the organization to withhold or punish is consolidated rather than shared in an egalitarian way. For example, in the Standards and Guidelines for Professional Practice: Conflict of Interest policy, it is unclear who would determine if a registrant is in contravention of the policy. Similarly, the Code of Ethics includes the following language:

> *"Staff found in violation of the Code of Ethics and College policies may be subject to disciplinary actions commensurate with the behaviour and harm or potential harm caused. Disciplinary action may include termination of employment."*

Such language is vague and could be weaponized against racialized registrants. Therefore, it is advisable that CDO consider a separate policy regarding how disciplinary action is handled, addressed, etc., Page 8 of the Confidentiality Policy also refers to *"disciplinary actions"* and it is advised that CDO adopt specific policy language on how breaches are assessed, reported, and handled/adjudicated. Similarly, policy 6-20 describes policy for candidates who require accommodation, however it is not clear who has decision making authority to vet such candidates.

Another example is in the appeals policy (6-70). Appeals to CDO decisions such are described as being vetted through the registration committee. It may be important to separate appeals from the registration committee and create a separate committee for the purpose of appeals that is more arms-length from the registration committee.

2. POLICIES PERTAINING TO HARASSMENT, VIOLENCE, AND ANTI-DISCRIMINATION NEED MORE SPECIFIC DETAILS AND UPDATES.

Existing policies on preventing and handling harassment or abuse are important for any organization. The CDO's existing policies, however, could benefit from an update.

First, the policy on Prevention and Handling of Harassment or Abuse foregrounds sexual harassment while diminishing the importance of addressing other forms of harassment such as racial or identity based harassment on protected grounds. Terms such as *"reasonable"* must be defined with case examples so that they are not utilized to sanction or discipline registrants. Such policy would benefit from revisions aligned with an approach known as Restorative Justice. For example, prior to a formal complaint, complainants could be offered third-party mediation to resolve concerns before escalating further.

Similar examples of vague language are evident in the Prevention and Handling of Violence policy with terms such as *"zero tolerance"* or including *"any attempt to engage in the type of conduct above"* as an example of workplace violence. More case examples that are contextually specific and meaningful would help define what is within scope of the policy and what is out of scope. Questions are also raised if registrants are considered in scope of the Anti-Discrimination, Equal Opportunity, and Accommodation Policy. This policy would benefit from more clarity and a detailed procedure regarding violation and discipline.

Lastly, policy language could be more inclusive by adapting the way pronouns are written/described, and removing or updating outdated policies such as the Cultural Sensitivity in Dietetic Practice article posted on the website.

3. REGISTRATION POLICIES PERPETUATE POWER ASYMMETRIES AND DIMINISH THE AGENCY AND INFLUENCE OF RACIALIZED REGISTRANTS AND POTENTIAL REGISTRANTS.

Several registration policies all appear to perpetuate power asymmetries which diminish agency and influence of those that do not fall within traditional regulatory hierarchies. Policy language should be re-written to foreground a more trauma informed and sensitive approach that ensures there are opportunities for feedback and appeal.

Examples such as the Assessing Equivalency (2-10), Assessing Currency (3-30), and Authorization to Work in Canada (2-80) policies. Each of them should be revised with input from a diverse group of stakeholders and include specific language on how registrants can provide feedback regarding their experience with the CDO, and appeal decisions that are made by the organization. Such policies would also benefit from more plain language and less jargon.

TABLE 1 - SUMMARY OF POLICY RECOMMENDATIONS

Findings	Recommendations
Policy consolidates power in small group rather than distributing power in a more egalitarian way.	1) Leverage policy to set up new structures in focused areas. 2) Adapt policy language to be more inclusive.
Policies pertaining to harassment, violence, and anti-discrimination need more specific details and updates.	3) Adapt policy language to be more inclusive 4) rewrite policies pertaining to harassment, violence, and anti-discrimination in accordance with best practices in EDI-B
Registration policies perpetuate power asymmetries and diminish the agency and influence of racialized registrants and potential registrants.	5) Co-write seminal registration policy with new advisory structure. 6) include policy mechanisms for feedback and appeals.

STAKEHOLDER ENGAGEMENT

INTRODUCTION AND METHODOLOGY

As part of engagement activities, a focus group was held with the CDO Board on August 23, 2021 with a total of 10 participants. This focus group was a supplement to the engagement that took place with CDO staff during the training and strategy session that was held in December 2020. In addition, a survey was conducted for registrants and potential registrants. The survey was active from October 1 to 31st 2021 and received 40 respondents.

The focus group started with an introduction to the topic and questions focused on examples of how issues related to EDI-B manifest within the organization and on steps that CDO can take to address these issues. The responses were recorded and analyzed using thematic content analysis (ref).

FINDINGS

FOCUS GROUP

The initial engagement that took place with CDO staff highlighted the importance that any public facing activities align with internal capacity building and staff support. The focus group with the Board suggested that there are some issues with denialism and avoidance in the profession at large.

When asked about specific examples, participants indicated that the majority of the Dietitians in Ontario are female which reflects biases and a gendered lens on how decisions are made, however, CDO Council has more balanced representation from men and women. Other examples include how cultural background influences the experience of internationally educated registrants with their regulator. For example, some patients may prefer a Dietitian that is educated in Canada or speaks English as their first language.

The complaints process was noted to be framed around the basic assumption that registrants posed a potential 'risk' to the public. Participants suggested the need to scrutinize standards for registration and improving them to be more inclusive.

Participants suggested that changes require opening up conversations and addressing denialism in the profession. One stated,

> *"The fact that it is difficult to find examples is really speaking to me. Without data – educating ourselves on what this really is and how it should look is important. I know we will find some, we just don't know what rock to look under."*

Other suggestions included:

- Better utilization of data regarding complaints, discipline, and registration. One participant stated, *"Until we see the numbers, how would we actually get a definite answer?"*

- Transparency among regulatory processes: One participant stated, *"Transparency among processes is very important. Everyone should be able to understand how processes work and we should try to ensure they work the same for everyone."*

- Thought leadership: One participant stated, *"We need to have these [EDI-B] principles at the forefront. We must hold people to a certain standard of practice,"* while another stated, *"The more we educate our members the better..."*

When asked about areas unique to the profession and the topic of weight bias was approached, participants suggested that weight bias is a complex issue, however, CDO can also be a part of addressing such stigma and promoting structural change in documentation practices.

SURVEY

A survey was piloted that asked various groups of stakeholders their perspectives on prejudice and discrimination in regulatory processes. The data presented below is preliminary and should be interpreted with the caveat that there is a small sample size and an opportunity for further engagement.

50 respondents completed the survey. 35 (70%) respondents indicated they were dietitians registered with the College. 3 respondents were aspiring dietitians and 10 respondents (20%) were neither dietitians nor registered with the college. Among the remainder were respondents who were non-registered dietitians and 2 respondents (4%) who were members of the public who had made complaints against dietitians,

In terms of age and other demographics, 69% of respondents were between the ages of 20-39, 19% were 40-49, 7% were 50-59 and 4.7% were 60-69. 88% of the respondents were born in Canada, 2 were born in Africa, 1 from the Caribbean, and 1 from the Middle East/North Africa. 54% indicated they were white, 8 were Black, 4 East Asian, 5 South Asian, 3 mixed, and 1 Indigenous. 93% participants chose English as their primary language while 1 chose Arabic, 1 chose French, and 1 chose Portuguese.

When asked about experiences of discrimination, 31/43 indicated they have not experienced prejudice or discrimination (72%). 7 experienced prejudice/discrimination directly and 5 experienced prejudice/discrimination indirectly. For those who experienced prejudice/discrimination, most experienced it related to racial/ethnic background (47%), 2 due to country of origin, 1 due to sexual/gender/language/religion, and 2 due to health. 4 Experienced prejudice/discrimination related to licensure/registration, while others indicated they experienced prejudice/discrimination related to complaints/investigation, and governance.

When asked for examples of prejudice/discrimination, participants noted discrimination in regards to how cultural food practices were perceived in relation to Western diets, and others noted they experienced barriers to entry in the profession. Some racialized respondents identified feeling that they struggled to feel welcome and belong in the profession because of their identity. One stated, "*I lacked the support I need to thrive while my counterparts were flourishing*." Others cited high fees as a discriminatory practice for early career professionals. Additional examples related to what registrants perceive as *"discriminatory"* standards that devalue international training. One participant stated that registration process can be confusing and *"illogical."* Another stated,

> *"As an internationally trained dietitian, while inquiring about the registration process…(they) told me coming from an African country, there was 'no way' I would*

pass through all the exam stages without going back to school for additional learning…basically turning me down just by inquiring about my home country."

When asked about areas of potential improvement, all were considered very important. None more important than the other.

Suggestions for improvement included:

- Consider the way that the CDO transitions students to dietitians and remove the barriers to make it an equitable process.
- Engage registered members who identify as racialized in College activities and ensure they have meaningful and equitable compensation for EDI-B work.
- Address cost-based barriers to improving diversity in the profession.
- *"Provide resources in other languages so that clients who don't speak or understand English very well can still access the College and make comments/complaints if they want to."*
- *"Collecting quality data regarding demographics is a good start. It is more important to create an open and diverse college and profession that will support its BIPOC/LGTBQ2S members, not just specifically about addressing prejudice and discrimination"*
- *"Shouldn't we be talking about prejudice/discrimination from the public? …If the main goal of regulatory bodies like CDO is to protect the public, it should also have a role in ensuring its registrants are able to practice in a culturally safe way, especially in a country as culturally diverse as Canada."*
- *"Another thing is to consider the current processes in place for internationally educated dietitians. Are the current policies and processes conducive to their registration? Or could they be considered discriminatory?*
- *"I think CDO has influence over how RDs within their college act and ultimately is our regulating body when we're faced with blatant racism in the workplace. It should be the*

college who backs individual who experience racism, we shouldn't have to fight the hospitals on our own. The support of CDO is necessary and brushing it away like it "happens all the time" is a form of negligence on CDO and Dietitians of Canada as a whole."

- *"I can only add that when you have a huge pool of internationally educated dietitians wanting to be registered with the college. it would be wise to have diverse background of dietitians attending to them as well. Also employ international dietitians who are now registered dietitians with the CDO to promote growth and encourage other future dietitians."*

- *"Incorporate objective third party presence and legal representation for any dietitian for conversations related to licensing and/or legal proceedings."*

SUMMARY AND RECOMMENDATIONS

This report provides examples of a deep dive into the topic of equity and anti-racism in dietitian regulation. Through the literature search, environmental scan, focus groups, and survey, several key findings were assembled which inform a series of several recommendations for CDO to consider:

FINDINGS

1. Potential areas to advance EDI-B within dietitian regulation are mostly similar to other health professions with a few unique opportunities for CDO.

2. Specific ways that CDO can address equity and antiracism include capacity building within the organization while promoting thought leadership among the profession.

3. The CDO has a strong professional practice infrastructure that can be leveraged to promote education/training opportunities and the development of standards in anti-oppressive dietetic practice.

4. There is currently limited infrastructure, particularly within CDO Council to address equity/antiracism.

5. Existing policy would benefit from a more inclusive approach to policy co-design.

Recommendations

1. **Thought Leadership:** Promote thought leadership by establishing professional standards related to EDI-B in the profession.

   - Take the lead on developing a new professional practice standard related to cultural safety, cultural humility, and anti-racist practice for Dietitians. Potential policy language is included as an appendix.

2. **Enhance Evaluative Mechanisms:** Enhance mechanisms for feedback and appeal for potential registrants.

   - Ensure that there is sufficient infrastructure and communication for appropriate stakeholders to provide feedback and appeal regarding CDO decisions and processes.

3. **Address the Representation Gap:** Enhance representation and diversity within CDO staff and governance.

   - Develop a new advisory structure that includes racialized, minoritized, and internationally trained professionals.

   - Conduct inventory and skills matrix for existing staff and Council in accordance with other regulatory practices.

4. **Co-design Policy:** Critically appraise existing policies and consider an inclusive approach to policy co-design with racialized and minoritized stakeholders.

   - Existing policies should be modified in accordance with specific recommendations provided including more inclusive policy language.

   - Policy can be leveraged to develop a new EDI-B advisory structure with adequate representation from minoritized and racialized stakeholders.

- Rewrite policies pertaining to harassment, violence, and anti-discrimination in accordance with best practices in EDI-B and in consultation with EDI-B's new advisory structure.

- Co-write key registration policy with new advisory structure

- Ensure each policy includes a policy mechanism for feedback and appeal where appropriate.

5. **Build Capacity:** Identify and adequately resource an EDI-B lead within CDO to promote future activities.

    - CDO should identify a key leader within its staff to support the operationalization of EDI-B work in the organization. The EDI-B lead should be a member of CDO Staff and have appropriate reporting relationships within the organization.

    - The EDI-B task force that has been established should be primarily led by EDI-B staff and chaired by the newly identified EDI-B lead, however, the task force should ensure that it has a regular reporting mechanism with CDO Council.

    - The EDI-B task force should develop an annual work plan and report regularly to college and other stakeholders regarding its activities.

    - The EDI-B task force should develop key metrics and an EDI-B score card to track CDO's progress.

6. **Enhance and Spread Training:** Leverage existing professional practice infrastructure to develop and expand existing training

    - Seek collaboration with educational programs to share and spread a newly developed professional standard in EDI-B for Dietitians.

    - Ensure existing professional practice educational activities include opportunities to enhance EDI-B training for Dietitians.

- Conduct regular surveys and needs assessments within the profession to identify and address training needs for those in practice.

LIMITATIONS

Despite the robust and extensive work that went into this project, it is important to note that anti-Indigenous racism and an anti-colonial lens was not sufficiently applied to the work. Advancing any anti-racism work would benefit from more fulsome engagement with Indigenous communities and stakeholders. There are several important issues related to Indigenous self-governance, data, and a post-colonial approach to health professions regulation that is outside the scope of this report. In addition, focus group and survey engagement was limited in number and further opportunities for robust engagement would strengthen the recommendations.

ABOUT THE AUTHOR

Dr. Javeed Sukhera is an internationally recognized health professions education researcher. His research program explores novel approaches to addressing stigma and bias among health professionals and he has also been involved in advocacy and cross-sectoral work in education, policing, and community services.

He is currently the Chair of Psychiatry at the Institute of Living and Chief of the Department of Psychiatry at Hartford Hospital in Hartford, Connecticut. Dr. Sukhera comes to Hartford HealthCare from Western University in London, Ontario, Canada where he held various clinical and academic leadership roles. He graduated from the University of Toronto and Ben-Gurion University and completed his residency and child/adolescent fellowship training at the University of Rochester in Rochester, New York. He completed his PhD in Health Professions Education from Maastricht University.

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APPENDIX 1 - ANNOTATED BIBLIOGRAPHY

Annotated Bibliography: EDI in Dietetics

Bergman, E. A. (2013). Building a Brighter Tomorrow: Diversity, Mentoring, and the Future of Dietetics. *Journal of the Academy of Nutrition and Dietetics, 113*(5). doi:10.1016/j.jand.2013.03.016

This article discusses the need for racial diversity within dietetics. The author argues that minority populations are disproportionately affected by nutrition related illnesses, consequently, because of this alarming trend more diverse dieticians are needed to improve dietetic care. Bergman summarizes current literature on interventions to increase diversity proposing that increasing supports for under presented groups, increasing awareness and exposure to dietetics, and providing academic supports are key interventions. However, the author highlights that this is a preliminary step in addressing the racial disparity in dietetics, moving forward there must be a focus on providing meaningful mentorship to racialized dietetic students to ensure successful career development. Bergman proposes a collaboration between information on diversity and mentorship. Meaning an increase in cultural competency among current dieticians coupled with implementation of mentorship programming and services. Although this is a comprehensive recommendation that can improve engagement and retention of racialized students in dietetics, Bergman's rationale for improving diversity within dietetics is fundamentally flawed – improving diversity within dietetics does not guarantee culturally competent care.

Burt, K. G., Delgado, K., Chen, M., & Paul, R. (2019). Strategies and Recommendations to Increase Diversity in Dietetics. *Journal of the Academy of Nutrition and Dietetics, 119*(5), 733-738. doi:10.1016/j.jand.2018.04.008

Burt et al, discuss racial diversity in dietetics citing that inequity in higher education attainment and institutional barriers are mechanisms of perpetuating the diversity gap in dietetics. The authors explore education attainment among minority students in various health professions to highlight that racialized students are less likely to pursue or complete degrees in health fields. Given this alarming trend the authors evaluate a variety of solutions to address the diversity gap. They discuss the importance of mentorship programs to support students' exposure and interest in dietetics; the role of holistic admissions processes as an intersectional mechanism to improve diversity; and encourage the implementation of financial supports and incentives to increase affordability and accessibility of health professions education.

The paper provides a comprehensive discussion of each solution outlining the persons involved and the adoption process. However, there is limited discussion on the limitations of these approaches and more broadly the limitations of implementing racial diversity in dietetics. Racial diversity is beneficial in increasing representation and can be more effective in helping meet the needs of a diverse patient population. However, it is important to acknowledge that racial diversity is not the only approach to providing culturally safe care nor is it entirely effective in eradicating the barriers and limitations experienced by racialized dieticians. Consequently, discourse on the role of increasing diversity within dietetics must be coupled with analysis on the limitations of such an approach.

Mahajan, A., Banerjee, A. T., Ricupero, M., Beales, A., Lac, J., Ajwani, F., . . . Pais, V. (2021).

Call to action to improve racial diversity in dietetics. *Critical Dietetics, 5*(2), 3-9. doi:10.32920/cd.v5i2.1399

This paper argues for greater racial diversity in dietetics to improve care for racialized patients. The authors analyzed healthcare professions literature on race and diversity to provide recommendations to address the racial diversity gap in the profession. From an education perspective, this includes improving dieticians understanding on racial inequities, fostering self-reflection on racial biases, and greater understanding on the social determinants of health. Interventions suggested to achieve these outcomes include cultural sensitivty training, cultural safety courses, and workshops offered by dietic organizations or respective institutions, and modifications to undergraduate dietetics curricula.

To address the race gap in dietetics, the authors illustrate the need for a concerted effort. This includes supporting more racialized students through mentorship programs and financial support. It also includes greater investment in research on race and diversity within the profession. That means exploring how race and diversity theories can be applied to address the racial diversity gap. Lastly, it includes empowering and amplifying the voices of racialized faculty members. Mahajan et al., provide strong recommendations that are beneficial in improving diversity within dietetics, however the authors fail to recognize the limits of racial diversity. Having a racially diverse profession does not solve the systemic racism and biases present in care spaces. There needs to be a critical analysis on the strengths and limitations of diversity and how such gaps should be addressed.

Ng, E., & Wai, C. (2021). Towards a definition of anti-oppressive dietetic practice in

Canada. *Critical Dietetics, 5*(2), 10-14. doi:10.32920/cd.v5i2.1407

This article discusses the role of dieticians as advocates who must understand and address the systemic oppression within health and food systems, promoting an anti-oppression stance within the profession. The authors note that there is limited discussion on oppression within dietic organizations, thus a definition and clarification of anti-oppression is a vital first step. By using personal and professional experiences, exploring anti-oppression statements in various health professions organizations, and evaluating the literature the authors propose a definition of anti-oppression. They build upon this idea to propose anti-oppression principles that should be adopted in dietetic practices. This includes recognizing power and privilege, identifying racism and oppression, amplifying lived experience, and advocating for change.

Ng and Wai spark an important conversation on diversity in dietetic practice, highlighting the need to move beyond cultural competency to consider the complexity of systems of power and privilege and how they reinforce inequity within care spaces.

Olivares, L., Burns-Whitmore, B., & Kessler, L. (2015). Retaining Hispanic Dietetic Undergraduate Students through Mentoring and Professional Development. *Journal of the Academy of Nutrition and Dietetics, 115*(5). doi:10.1016/j.jand.2015.02.023

Olivares et al., discuss the implementation and evaluation of a mentorship program for undergraduate Hispanic dietetic students. Given that Hispanic students are less likely to enroll and complete their undergraduate degrees, interventions must be implemented to retain these students. Mentorship has been identified as a key approach, it allows students to connect with professionals with similar ethnic backgrounds and professional goals, increasing connectedness, inclusion, and retention. The authors evaluated the esdtuiante dietetico mentoring program at the California State Polytechnic University. This program is a modified version of the general dietetics' mentorship program, designed to meet the needs of Hispanic students. It includes implementation of social events, dietetics work experience, and a retention coordinator who serves as a liaison between mentors and mentees. Short-term assessment suggested the programs is effective in supporting students and greatly improved their professional skills.

Olivares et al., provide an in-depth discussion on the unique facets of this mentorship program, placing strong emphasis on feelings of connectedness. Initial success of this program illustrates the need for flexibility in support services for students. Meaning that programs and interventions should and must be molded to meet the needs of specific demographics and cohorts.

Stein, K. (2012). The Educational Pipeline and Diversity in Dietetics. *Journal of the Academy of*

Nutrition and Dietetics, 112(6), 791-800. doi:10.1016/j.jand.2012.04.009

Stein outlines the alarming lack of diversity in dietetics outlining that racialized populations comprise less then 25% of practicing dieticians in the USA. This can be rooted in disparities in acceptance into dietetic undergraduate programs and limited internship opportunities for racialized students. Stein posits that creating an education pipeline to dietetics can help address racial disparities in the profession. The education pipeline for dietetics is a system of integrated education intuitions whose purpose is to generate interest for dietetics early in the learning journey, specifically for underrepresented groups. This helps motivate the individual to select dietetics as a career in the future. Although effective, Stein outlines that consistent underfunding coupled with the increasing cost of undergraduate and graduate education compromises the efficacy of pipeline programs. Moving forward the author recommends greater investment from education intuitions into pipeline programs. That means strategic curriculum development and implementation, flexibility in application to meet the needs of specific student cohorts, and prioritizing hands-on experience.

Stein discusses pipeline programs as an avenue toward dismantling barriers for underrepresented groups interest in joining dietetics to increase racial diversity within the profession. Interestingly, Stein conceptualizes the role of diversity in dietetics as an avenue towards creating social and policy solutions to help eliminate dietetic-related inequalities within society.

Suarez, V. V., & Shanklin, C. W. (2002). Minority Interns' Experiences During Their Dietetics Education and Their Recommendations for Increasing Diversity in Dietetics. *Journal of the American Dietetic Association, 102*(11), 1674-1677. doi:10.1016/s0002-8223(02)90357-3

The authors explored the experiences of racialized students in dietetics to provide recommendations for increasing diversity in the profession. Structured interviews were conducted with racialized dietetic internship students to understand and assess their experiences throughout their education and their perceptive on dietetics as a profession. Students cited that lack of knowledge on the profession or lack of appeal might be causes for less minorities pursuing a career in dietetics. Moreover, participants highlighted the lack of internship opportunities available to minority students as a key issue which is further exacerbated by the lack of minorities on faculty and selection committees. To address these gaps, participants recommended more visibility for minority dietitians at career days and recruitment events, creating mentorship programs for minority students, and greater financial support in the form of scholarships and paid internships.

Although these recommendations are concrete and supported by previous literature, this study was conducted with 11 participants with only one male participant. The breakdown of participant sex and ethnicity may influence the findings and associated recommendations.

Wynn, C. L., Raj, S., Tyus, F., Greer, Y. D., Batheja, R. K., Rizwana, Z., & Hand, R. K. (2017). Barriers to and Facilitators of Dietetics Education among Students of Diverse Backgrounds: Results of a Survey. *Journal of the Academy of Nutrition and Dietetics, 117*(3), 449-468. doi:10.1016/j.jand.2016.06.010

This paper discusses the alarming lack of diversity in dietetics, urging the need for educators and institutions to focus on engaging and retaining racialized students in dietetic programs. The authors recommend mentoring, internship, volunteer, and academic training programs to create an education pipeline for dietetics. However, such programs cannot be implemented without a comprehensive understanding of students' needs and expectations. Consequently, Wynn et al, developed and disseminated a survey on barriers and supports in dietetics education. The survey was delivered and completed by racialized students. Although students reported receiving faculty support, they also reported the presence of bias and unfairness throughout their dietetic education. The authors posit that this finding can be attributed to the presence of implicit biases which can often be undetected. They recommend more nuanced investigation into this finding and the implementation of validated tools and interventions to address implicit bias. Moreover, students also reported the need for greater academic support during the internship process and implementation of meaningful mentoring, networking, and experiential learning opportunities. Ultimately, the survey presented a vital first step in understanding and addressing the needs of racialized students in dietetics. It highlighted the role of addressing implicit bias in learning spheres and the importance of implementing programs and interventions that meet the specific needs of each student cohort. Wynn et al, move beyond the traditional discourse of improving diversity through implementing an education pipeline, rather they explore the experiences of racialized students and use this information to inform the creation of the pipeline. Applying an evidence-based approach.

APPENDIX 2 - LIST OF POLICY DOCUMENTS REVIEWED

Section	Policy
Personnel (62)	Code of ethics
	Confidentiality
	Conflict of Interest
	Employee Benefits
	Leave and without Pay
	Performance Appraisals
	Personnel Records
	Time Off Allowed for Voting
	Work Hours
	Vacation
	Maternity, Pregnancy, Parental and Adoption Leave
	Resignation
	Termination
	Overtime
	Staff Expense
	College Office Hours
	Prevention and Handling of Harassment or Abuse
	Prevention and Handling of Violence
	Anti-Discrimination, Equal Opportunity and Accommodation
	Health and Safety
	Reporting of Accidents or Occupational Illness/Injury
	Return to Work Program
	Health and Safety – Using Hand Held Devices While Driving
	Health and Safety

Standards and Guidelines (62)	Boundary Guidelines 26
	Consent Standards 16
	Conflict of Interest Standards 8
	Guidelines for Supervising Learners 8
	Cultural Competence and informed consent 3
	Cultural Sensitivity in Dietetic Practice 1
Cannabis Related (9)	Cannabis Update
	Recreational Cannabis Legalization
Assessment (143)	Assessor Position Description 3
	Assessor Training (PBA) 55
	Assessor Training (Learning Diaries) 43
	Assessor Contracting Services Agreement 6
	PBA Oral Case Instructions 7
	Invigilator Training 25
	MSF Colleague Survey 1
	MSF Self Survey 1
	MSF Patient Survey 1
	PPA Pre-Assessment Questionnaire 1
Registration (52)	1-10 Application files to Committee 2
	1-20 Time Limitation on Open Files 1
	1-30 Communication with Applicants 1
	1-50 Definition of Successful Completion 1
	1-70 Recognizing work in the military 1
	1-80 Second Application 1
	1-90 Minimum Panel Member Requirements 1
	2-10 Assessing Equivalency 4
	2-11 Supervisory Dietitians Practicum 6

	2-12 Criteria for Advisory Dietitians 4
	2-30 Recognition of Accreditation 1
	2-60 IDPP 1
	Assessment of Requirements 2-70 Internationally Educated Professionals in Nutrition 6
	2-80 Authorization to work in Canada 2
	2-90 Courses Approved by the Registration Committee 2
	3-10 Verification of Dietetic Practice 7
	3-30 Assessing Currency for Applicants 4
	4-20 Applicants from ACEND Accre… 2
	4-40 Canadian Orientation and Assessm… 2
	4-50 Language Proficiency 2
	4-70 Authorization to Work in Canada 1
	5-30 Upgrading Following Second Failure of the CDRE 3
	5-40 Approval of Supervision… 2
	6-10 Eligibility for PLAR 7
	6-20 Candidates Requiring Accommodation 9
	6-30 Refunds 1
	6-40 Candidates Unable to Write PLAR for compelling reasons 2
	6-50 Administration of KCAT 1
	6-60 Disqualification Cheating 1
	6-70 Appeal Process 2
	6-80 KCAT appeal process 2

APPENDIX 3 - DRAFT STANDARD LANGUAGE

(adapted from College of Physicians and Surgeons of British Columbia)

Dietitians must:

- Reflect on and identify any stereotypes or assumptions they may hold and actively work to not act on them.
- Reflect on how their privilege, biases, values, belief structures, behaviours and positions of power in the patient-dietitian relationship may impact the therapeutic relationship with racialized patients
- Evaluate their own behaviour towards racialized patients and seek/act on feedback from others.
- Speak out when they observe others acting in a racist or discriminatory manner towards racialized patients or colleagues.
- Support patients, colleagues and others who report acts of racism.
- Help their colleagues to identify and eliminate racist attitudes, language or behaviour, by creating and contributing to a constructive and supportive learning environment to discuss inappropriate behaviour.
- Report unaddressed acts or patterns of racism to leadership and/or the relevant health regulatory college.
- Ask about the patient's cultural background and preferences at an appropriate time in the care relationship.
- Facilitate the integration of traditional healing practices by collaborating with and incorporating the patient's wishes and involving their family and others as needed and requested.

- Acknowledge patient's cultural identity by listening to and seeking understanding regarding their lived experiences, and by acting in a humble manner, open to learning from the patient and others.

- Care for a patient holistically, considering their physical, mental/emotional, spiritual, and cultural needs.

- Advocate for additional support for patients, if needed.

- Work with the patient to identify and incorporate their personal strengths that will support the achievement of their health and wellness goals.

- Recognize the potential for trauma (personal or intergenerational) in a patient's life and adapt their approach to be thoughtful and respectful of this.

- Recognize that colonialism and trauma may affect how patients view, access, and interact with the health-care system.

- Seek permission before engaging in assessments or treatments as part of a health-care encounter.

- Provide clear information about the services and/or care being provided, including information about what the patient may experience during the health-care encounter.

- Recognize that women and girls are disproportionately impacted by racism in the health-care system and consider the impact gender-specific trauma may have on the patient.

- Communicate effectively with patients by: Providing the patient with the necessary time and space to share their needs, and ensuring information is communicated in a way that the patient can understand.

- Understand how the historical and current impacts of colonization have negatively impacted Indigenous Peoples and continually seek to improve their ability to provide culturally safe care for Indigenous patients.

- Undertake ongoing education on Indigenous health care, determinants of health, cultural safety, cultural humility, and anti-racism.

- Learn about the negative impact of Indigenous-specific racism on Indigenous patients accessing the health-care system, and its disproportionate impact on Indigenous women and girls.

- Learn about the history and current impacts of colonization from an Indigenous perspective and how this may impact Indigenous patients' health-care experiences.

- Learn about the Indigenous communities located in the areas where they work, recognizing that languages, histories, heritage, cultural practices, and systems of knowledge may differ between Indigenous communities.