Dietetic Equity, Diversity, and Inclusion Q&A
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Q1: What does equity, diversity, and inclusion mean in dietetics?

Equity, diversity, and inclusion (EDI) are important concepts that should be integrated in day-to-day life as a dietitian. Through the lens of dietetic practice involving clients, **equity** refers to a process where every client has an opportunity to access dietetic health care and be subject to treatment free from bias and discrimination. A dietitian's understanding of the diversity among clients within their practice is essential to delivering personalized, client-centered, and data-informed care. **Diversity** includes but is not limited to race, gender, age, ethnicity, sexual orientation, culture, identity, language, education, religious beliefs, socioeconomic status, or disability status. **Inclusion** refers to the intentional effort of a dietitian to facilitate a respectful environment where the client can feel safe, heard, and a part of their own healthcare journey and treatment plan.

Through the lens of a dietitian's workplace, where a dietitian's role may involve different levels of power and privilege (owner, manager, and/or employee, depending on the workplace context), EDI can be integrated into daily interactions among colleagues and systemically throughout the organization. **Equity** in this setting refers to a process where each colleague has access to opportunity and accommodation and be treated fairly by each other. **Diversity** among colleagues should be acknowledged, celebrated, and utilized as each member brings forth their own unique perspective based on a variety of life experience. **Inclusion** in this setting refers to the intentional effort of colleagues to create an environment where all members of the organization can feel welcome, valued, respected, and safe to make decisions or have opinions.

It is also important to note that although EDI differs from the concepts of cultural safety and humility, they are closely related and should be used in conjunction during practice. For more information regarding cultural safety and humility, please refer to: [Cultural Safety and Humility Q&A - College of Dietitians of British Columbia (collegeofdietitiansofbc.org).](#)

EDI definitions come from [HRx report: EDI Audit and Strategy](#) and [UCLA Health EDI](#).

Q2: How can I be sure I am being as inclusive as possible in my interactions with clients?
You are encouraged to start by reviewing the Code of Ethics, specifically Standard 1, which states:
> "*Provide client-centred care that recognizes cultural safety and humility, respects diversity, and is fair and inclusive.*"

To further focus your efforts on aspects of practice whereby EDI considerations can be taken into account, you can review Q5, which lists the Standards of Practice and Indicators that are specific to EDI. You may find that much of your interaction with any client has to do with having good listening and communication skills, a high level of empathy, as well as taking time to understand and respect the client's decisions. It is also important to recognize that EDI considerations are not

specific to client interactions; rather, they also need to be considered in a workplace environment with your colleagues.

Let's look at a few examples that pertain to EDI.

A client with a language barrier who requires education for discharge.
In this example, likely the most respectful tactic you can take is to approach the client directly, to determine their needs. You may determine immediately that you need to provide alternative communication, by way of interpreter or family member who can translate. In this circumstance, it may seem obvious that speaking slowly and/or raising your voice is inappropriate; however, this manner of communicating with a non-English speaker seems far more prevalent than it should be. You could proceed by determining the resources you have available to you. For example, if you do not have access to a family member or friend of the client who can help with translation, perhaps you have access to an online translation service? Do you have access to appropriate language written resources? Perhaps in the longer term, you discover that you have a high proportion of clients with this specific language requirement, which leads you to expand your network to be able to refer to another colleague, or even undertake learning in this language yourself. You may consider expanding your network to include colleagues who can help with translation of commonly used education materials. For more information about use of translation services, please see Q7.

A colleague with an invisible disability, such as hearing loss or low sight.
In this example, as with the previous one, the most respectful way to proceed, is to approach your colleague directly, to clarify what, if anything, is required of you such that you have an effective professional working relationship. In this way, you can determine learning that is required of you in order to take steps to better include your colleague in all of your interactions. In this example, it may be as straightforward as positioning yourself optimally to ensure your colleague can hear and see you and that they can see you hearing and seeing them. In some instances, you may find yourself undertaking learning about a medical condition in order to best understand how to optimize your interactions such that you are maximizing equity, diversity, and inclusion in your workplace.

It is key to note that, in both examples, all of the care and attention you put into improving your understanding and demonstration of inclusivity for your client/colleague represent ways that you have expanded your practice to be more inclusive of your diverse population of clients and colleagues and that these are valid learning activities that can be used in your CCP development. For additional resources for your learning interests and needs, see Q8.

Q3: How do I approach colleagues who are not practicing EDI in their patient care or with others on the healthcare team?

Regulated healthcare professions have codes of ethics and standards of practice and although they won't be exactly the same as College has for its registrants, they will be similar. For example, Q5 of this Q&A identifies the specific Standard/Indicator combinations that registrants can consider from an EDI perspective.

You'll note that there is a big emphasis on respectful clear communication, ethical practice with clients, but also a collaborative and inclusive approach with other members of the healthcare team. These types of standards will have similar sentiment across all regulated healthcare professions.

You may find reminding your colleagues of resources you have available to you, as clinicians, goes a long way. In the example of the language barrier in Q2, perhaps your colleague is using slow, disjointed English, along with hand gestures to communicate, when there may be alternatives better suited to providing best patient care. These types of resources might include use of a translation service for those clients who don't speak English, education handouts that are in simplified language for those who don't read well, including other healthcare disciplines that may have access to information for your low-income clients, as well as webinars and in-services that may be available for dealing with professional interactions with your colleagues. You may recommend or glean, as part of the team, strategies for communication that are working for others on the team, to use the other example in Q2, for clients or colleagues that are low vision or hard of hearing.

Open and respectful communication with your colleagues about your EDI concerns is important too, as is the ability to discuss your concerns with a manager or supervisor in your area of work, which is especially important if a lack of EDI considerations is putting you, a colleague, or a client at risk. As a final resort, if none of the strategies above have been successful and it is your interpretation that a colleague is placing a client/colleague or you at risk for lack of EDI considerations, you can file a complaint with the colleague's regulatory college. For information on this process, as it is similar in many healthcare colleges in BC, you are encouraged to review the process and read the Q&A on the [Concerns and Complaints](#) section of the College website.

Q4: How do I address my learning needs in the CCP, given that these skills are considered interpersonal skills?

See Q7 and 8 of the [CSH Q&A](#), which will provide you with the basis of interpersonal skill development and what it means in a CCP system that largely uses SMART goal format requirements. It is acceptable, and in fact, understandable, that many EDI goals are interpersonal

skill goals, lacking a concrete measurability and relying on a change in understanding, behaviour, or a sense when they are achieved.

Q5: Which Standards and Indicators best reflect my EDI goal?

There are many Standard/Indicator combinations that you can select when you are considering an EDI-related CCP goal. For a complete list of Standards and Indicators, find the link on our [Quality Assurance Page](#).

Here are the ones we identified as being specific to EDI considerations:

Standard of Practice	Indicator
4. A Dietitian acts ethically in their professional interactions and while providing professional services	3. Demonstrate inclusion, honesty and fairness 5. Manage ethical violations, dilemmas and distress
9. A Dietitian communicates in a clear, concise and respectful manner.	1. Select communication styles to maximize clarity and facilitate understanding. 2. Speak clearly, concisely and respectfully, using an appropriate tone of voice and body language. 3. Communicate through active listening, clarification, questions and open responses. 4. Adapt communications to the clients' level of understanding and cultural/ language needs, incorporating supports as needed to reduce comprehension barriers (interpreters, visual aids, etc.) 5. Write client/client group education materials in an organized manner, using plain language. 6. Counsel/provide information to individuals/ clients/ groups using appropriate teaching/ learning strategies and open communications. 7. Maintain personal and professional integrity when communicating via social media. 8. Demonstrate cultural competence. 9. Use principles of facilitation, negotiation and conflict management as needed, showing respect for others' viewpoints.

10. A Dietitian contributes to the provision of quality professional services as a member of the clients' interprofessional team	1. Contribute professional knowledge to discussions and interactions with team members using an open, collaborative approach
12. A Dietitian provides quality professional services that reflect the unique needs, goals, values and circumstances of the client.	1. Provide quality professional services respecting the client's ancestry, nationality, ethnic background, religion, age, gender, social and marital status, sexual orientation, political beliefs or physical or mental ability.
13. A Dietitian seeks information and incorporates an evidence-informed approach to their practice.	2. Assess/ interpret clients' information/ evidence, considering contextual factors, ethics and client perspectives. 3. Incorporate clients' information/evidence into service delivery plan. 4. Evaluate the impact of evidence-informed and practice-informed services on client outcomes and quality services. 5. Communicate and explain evidence-informed, practice-informed and best practice information to clients, colleagues and groups.
14. A Dietitian uses critical thinking to obtain assessment data, determine practice problems, plan, implement and evaluate professional services.	2. Determine and obtain additional assessment data as required, including input from the clients' interprofessional team members, family, stakeholders, etc. 5. Plan evidence-informed services, strategies and education that reflect the clients' needs, goals and values and are in the clients' best interest. 10. Advocate on the clients' behalf.
15. Dietitian maintains clear and accurate records that document communications and the provision of professional services.	2. Document relevant information clearly, concisely and accurately, using terminology and abbreviations recognized and considered best practice by the organization and the profession (national regulatory bodies, dietetic education programs and Dietitians of Canada).

Q6: Seeing examples of EDI-related CCP goals would really help me to determine how to formulate my own goals.

You may find that you don't have a specific EDI-related goal at the outset of your CCP cycle, until you encounter an EDI-related learning opportunity in your workplace. To this end, the first example is specific to a workplace situation where the outcome is reflected as one of effective interaction with client and colleagues. You may find your goals are interpersonal skill based and you are encouraged to refer to Q4 for more information on this type of goal.

Professional Development Report (PDR) Example 1
Standard 12: A Dietitian provides quality professional services that reflect the unique needs, goals, values and circumstances of the client.

Indicator 1: Provide quality professional services respecting the client's ancestry, nationality, ethnic background, religion, age, gender, social and marital status, sexual orientation, political beliefs or physical or mental ability.

Goal: I have the opportunity, as part of my in-patient workload, to interact with a client with autism who requires a long-term feeding tube placement and subsequent home tube feed teaching. While they have home support by way of Health Services for Community Living (HSCL) and that support is often at their bedside, my goal is to provide an experience that fosters inclusion such that the client feels supported and that I am addressing them directly, as appropriate.

Learning Activities: self-selected based on availability, accessibility, need; resources from Q8.

Learning Outcome: It is often difficult to balance the need to provide information to a care giver to plan for a safe discharge, while also ensuring inclusivity of a client who is neurodivergent. In this situation, I was able to equip myself with knowledge that allowed me to provide appropriate interaction with the client, such that I could include them in aspects of the teaching that were appropriate to their ability to learn and undertake. These included aspects of consent for the long-term feeding tube placement, as well as all the teaching required to go home safely. I had a very good feeling when the teaching was complete that I was able to provide adequate learning to their caregiver, while leaving the client feeling involved and included in their own care. I also received good feedback from the team and the caregiver about my ability to connect with this client on the level that they needed to be able to feel safe and supported.

*Of note, this PDR is an EN-related goal which can satisfy requirements for Restricted Activity A/C.

Professional Development Report (PDR) Example 2
Standard 15: Dietitian maintains clear and accurate records that document communications and the provision of professional services.

Indicator 2: Document relevant information clearly, concisely and accurately, using terminology

and abbreviations recognized and considered best practice by the organization and the profession (national regulatory bodies, dietetic education programs and Dietitians of Canada).

Goal: By the end of this CCP cycle, I would like to better understand terminology that is appropriate when referring verbally and in writing, to my clients who have been traditionally underserved and underrepresented in healthcare, such that I can use it appropriately and consistently in my professional communications.

Learning Activities: self-selected based on availability, accessibility, need; resources from Q8.

Learning Outcome: While I have always understood the importance and value of referring to clients in a compassionate and inclusive way, the most significant aspect I took away from achieving this goal was to refer to the client, and not define the client by their disease/condition. In reviewing resources and speaking with colleagues, I have come to understand how to use this terminology to refer to my clients with compassion. For example, using "client with diabetes" instead of "diabetic client". I have also unexpectedly become more familiar and comfortable with the use of they/their pronouns in the singular sense. This learning has allowed me to consider more closely the details that are a required part of practice when interacting with clients and the healthcare team.

Q7. Is it appropriate for me to use a translation service or ask family member to bridge a language barrier, if my client and I don't speak the same language?

You may encounter scenarios where your client speaks a different language, and you are unable to communicate important information to the client. In cases such as these, the best course of action would be to use the services of an interpreter. If an interpreter is not readily available, where immediate interpretation is needed, you may want to consider alternative language resources to communicate with the client.

In this circumstance, the information needs to be communicated with the client urgently, it may be appropriate and helpful to use an online translation service.

Before using translation tools, it is highly recommended that you familiarize yourself with the use of translation tools and their utility in health care settings. For example, the Provincial Health Services Authority hosts several [language resources](#) to support BC health professionals on its website.
- [Provincial Health Services Authority - Language Services](#)
- [Language Translation Apps in Health Care Settings: Expert Opinion](#)

Translation applications are not always accurate, and they should only be used when an interpreter is not available. It is also important that you continue to attempt to find an interpreter to communicate with the client even after using translation applications. Please also note that some

translation tools may store data, and you should be aware of privacy requirements before collecting a client's confidential information.

Q8: What are resources I can access to better understand the needs of people who are underserved (marginalized) or underrepresented (lack of diversity) in healthcare?

Understanding the diverse work environment of a dietitian is important, whether it's understanding the needs of the client or acknowledging and celebrating the differences between colleagues. The following resources are meant to supplement your existing knowledge and help you understand their clients better. The College recognizes that this list is not exhaustive and is provided as a starting point or supplement for your ongoing learning.

- Building Diversity in Dietetics: [Dietitians of Canada - Dietetic Diversity: From Mentorship to Practice](#)
- Equity, Diversity, and Inclusion Defined: https://www.youtube.com/watch?v=GPPLbsEazNc
- LGBTQ2+ Population (Lesbian, Gay, Bi-sexual, Transgender, Queer, Two-Spirit, + is an inclusive representation of all other identities including but not limited to Non-Binary, Pansexual, Asexual, Intersex)
  - BC's Queer, Trans, and Two-spirit Resource Centre: https://qmunity.ca/learn/resources/
  - Guide to pronouns, homophobic, and transphobic microaggressions: https://ccgsd-ccdgs.org/campaigns/
  - College of Physicians and Surgeons of BC – Sexual and Gender Diversity Resources: https://www.cpsbc.ca/files/pdf/Library-Sexual-and-Gender-Diversity-Resources.pdf
  - FAQs regarding sexual orientation and gender identity: https://www.thetrevorproject.org/resources/trevor-support-center/
  - BC Children's Gender Resources: http://www.bcchildrens.ca/health-info/coping-support/gender-resources
  - BC Cancer Resources: http://www.bccancer.bc.ca/our-services/services/library/recommended-websites/living-with-cancer-websites/lgbt-with-cancer-websites
  - BC Mental Health Resources: https://www.heretohelp.bc.ca/visions/lgbt-vol6/lgbt-resources
  - PHSA Trans Care BC: http://www.phsa.ca/our-services/programs-services/trans-care-bc
- Populations with Disabilities (Permanent, Temporary, Visible, Invisible)
  - [Supporting Employees with Disabilities | CCHRSC (ccsc-cssge.ca)](#)
  - [Invisible Disabilities in the Workplace - CEC (canadianequality.ca)](#)
- Populations that speak languages other than the ones spoken in Canadian healthcare.
  - [Language Barriers in Access to Health Care - Canada.ca](#)

- Indigenous Populations
  - [ICSH and Anti-Racism Standard](#)
  - CHCPBC Dietetic Cultural Safety and Humility Q&A. Refer to Question 10 for links to resources
- Trauma-Informed Practice
  - CHCPBC Dietetic [Trauma Informed Practice Q&A](#)
  - https://www.relias.com/blog/what-is-trauma-sensitive-language
  - [Trauma-informed_Toolkit.pdf](#)
- Unconscious Bias:
  - [Unconscious Bias Training | Office of Diversity and Outreach UCSF](#)
- Using White Privilege to Tackle Inequality:
  - https://nationalseedproject.org/images/documents/Knapsack_plus_Notes-Peggy_McIntosh.pdf
  - https://nccdh.ca/resources/entry/lets-talk-whiteness-and-health-equity
  - https://www.ted.com/talks/peggy_mcintosh_how_to_recognize_your_white_privilege_and_use_it_to_fight_inequality
- Assistive Technology to create accessible content
  - https://www2.gov.bc.ca/gov/content/home/accessible-government/toolkit
- Inclusive Language in Communication:
  - [University of Victoria: Inclusive Language](#)
  - [University of BC Indigenous Foundations](#)
  - [Autism Canada: Words Matter](#)