Towards A Definition of Anti-Oppressive Dietetic Practice in Canada

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Abstract

Increasingly, dietitians have found ourselves working with diverse and often marginalized clients, communities, and colleagues across the health and food systems in Canada. We are often asked to treat, at the individual level, the adverse health outcomes experienced by these communities (including but not limited to Black, Indigenous, racialized, gender diverse, people with disabilities) resulting from oppressions at the structural level. However, it is the role of dietitians to engage in efforts to “reduce health inequities and protect human rights; promote fairness and equitable treatment” (College of Dietitians of Ontario, 2019). An anti-oppression approach is required for dietitians to understand how their power and privilege shape the dietitian-client relationship. The purpose of this commentary is to propose a shift from cultural competence or diversity and inclusion in dietetics to an explicit intention of anti-oppressive dietetic practice.

We begin our exploration from the Canadian context. We draw from our professional background working in health equity in public health, and our personal experiences facilitating and navigating equity training using anti-oppression approaches with dietetic learners and other public health practitioners. In creating a working definition of anti-oppressive dietetic practice, we conducted a scan of anti-oppression statements by health and social services organizations in Ontario, Canada, and literature from critical dietetics.

A literature search revealed anti-oppressive practice frameworks in nursing and social work. However, this language is lacking in mainstream dietetic practice, with anti-oppression only discussed within the literature on critical dietetics and social justice. We propose that “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.”

Background

Dietitians in Canada work in various settings such as hospitals, long-term care centres, public health agencies, community health centres, family health practices, private practice, and the food industry, bringing our expertise in food science and nutrition across the health and food systems. Increasingly, dietitians have found ourselves working with racialized clients, communities, and colleagues and are witness to the corresponding racial inequities in health.

Similar to other developed countries, health inequities by income have been demonstrated in Canada (Public Health Agency of Canada, 2018). Although we do not have a history of collecting race-based data similar to the U.S., we know that poverty in Canada is racialized and prevalent amongst newcomers and Indigenous people. Indeed, Tarasuk and Mitchell (2020) demonstrated that the prevalence of household food insecurity differs by Indigenous status, and racial/cultural groups, with highest rates found among Indigenous or Black identified

households. Anti-Blackness, colonial, and white supremacist ideologies have created racial inequity in income security, food security, food sovereignty, workers' human rights, and access to healthy food in Canada. Downstream at primary care and clinical settings, dietitians are often asked to treat the adverse health outcomes of Black, Indigenous, and racialized communities resulting from these oppressions at the individual level. Dietitians in Canada often fall back to ideas around cultural competence at the interpersonal level, believing that understanding the food and cultural practices of various communities will ensure an adequate nutrition plan.

It is the role of dietitians to engage in efforts to “reduce health inequities and protect human rights; promote fairness and equitable treatment” (College of Dietitians of Ontario, 2019). Cultural competence is not sufficient in addressing these health inequities without challenging underlying power structures of which we are part (Curtis et al., 2019). As dietitians and partners in the health of our clients (individual, group, or population), we are expected to “do good” (beneficence) and to “do no harm” (non-maleficence) (College of Dietitians of Ontario, 2019). To do this, we need to locate our individual social positions, and begin to address the systemic oppressions within health and food systems. We must explicitly use an anti-oppressive approach to practice by “actively and consistently contributing in the process of change to eliminate individual, institutional and systemic oppression as well as the injustice oppression causes” (Ontario Human Rights Commission, 2013).

Need for a Definition

The authors are Registered Dietitians in Ontario. We have extensive experience working in community health, public health, health policy, program planning, evaluation, and dietetic education. We met at a large urban, local public health agency and eventually were colleagues on a team focused on health equity across all public health programming. In this role, we trained hundreds of public health staff (dietitians and other health professionals) in health equity. For the past six years, we have been teaching a health equity seminar to students in a graduate public health dietetics program.

In our observations, we found three common challenges with dietetic students. While we witnessed similar patterns in dietitians and other health professionals during training, they were more pronounced among

students. First, dietitians and dietetic students had difficulty connecting social issues to biomedical issues. Students, in particular, were focused on nutrition deficiency and dietary planning. While they could fundamentally understand how low-income links to food insecurity, they had to be prodded into thinking critically about the role of dietitians in health and social systems. Second, many dietitians and dietetic students had difficulty confronting the emotional and political nature of these topics. With experienced dietitians, we sometimes heard it was unnecessary to be in a “diversity” training since client-centred practice is thought to address individual cultural preferences. Another common refrain was to “learn the foods and cultures of my clients” as an approach to equity. While dietitians and students appeared comfortable with terms such as diversity, inclusion, or equity, terms such as social justice, anti-racism, and oppression required additional explanation and discussion. Lastly, while some dietitians and students may have expressed interest in nutrition policy, engaging politically beyond a traditional scope of practice was not top of mind. Few dietitians and dietetic students view dietitians as advocates beyond nutrition issues. For example, while the role of income and its relationship to health inequities is well established, few dietitians are advocates for income security beyond those working in community and public health. Over the past few years, we have seen small groups of students who are passionate about social justice and want to call out systemic oppression embedded in the health and food systems. These students require support in continuing their passion as they move into practice.

Over the past few years, the authors have been debriefing after the training sessions. We have concluded that current, traditional nutrition and dietetic programs do not adequately prepare dietitians in increasingly diverse and complex environments. We propose that dietitians require a working definition of anti-oppressive dietetic practice; one that goes beyond current language such as “diversity” or “cultural competence.”

The authors verified that there are currently no anti-oppression statements within dietetic agencies in Canada. In October of 2020, we reviewed ten provincial dietetic colleges/associations across Canada as well as the national association that promotes the profession of dietetics. We searched for diversity, inclusion, racism, oppression in the Codes of Conduct, or Ethical Standards of Practice and publicly available documents. Our review revealed no College or Association explicitly

mentioned an anti-racist or anti-oppressive approach to nutrition planning or care. Two Colleges had references to commitments around anti-racism. Still, in both instances, they seemed reactive to current events (e.g., supporting a provincial commitment for culturally safe care for Indigenous people, public response to activities related to growing global Black Lives Matter movement). Two Colleges/Associations referenced clients as having diverse needs.

Developing a Definition

We conducted a scan of Canadian literature specifically written on anti-oppressive practice in dietetics. There were no explicit definitions of anti-oppressive dietetic practice and limited descriptions of what might be included in anti-oppressive dietetic practice. Brady and Gingras (2019, p. 29) have named commitment to anti-oppression as a tenet of the Critical Dietetics movement, which aims to “end systemic oppression all kinds” through our everyday practice. In addition, Raine (2017) called on all dietitians to act as advocates for social change that improve our food environment, while Fraser and Brady (2020) asserted that dietitians could influence the social determinants of health beyond traditional food-related issues.

Within food security research, Gallegos and Chilton (2019) called on researchers to identify power-differentials in relationships and to recognize that they can be complicit in perpetuating oppression for those experiencing food insecurity. Others in dietetics have explored opportunities for anti-oppressive practice, for example, by recognizing white settler privilege and power (Oickle, 2019), naming weight bias in dietetics (Bessey & Lordly, 2019), acknowledging lived experiences of racism and colonialism in dietetics (White, 2013; 2019), and addressing transphobia in the nutrition care (Fergusson et al., 2018).

We also extended our search to social work and nursing to understand how other health professions apply or define anti-oppressive practice. In Canada, an anti-oppressive practice emerged from critical social work (e.g., Baines, 2007; Mullaly and West, 2018; Dumbrill and Yee, 2019). Mullaly and West (2018) identified opportunities for social workers to challenge oppression at all three levels, personal, cultural, and structural. Dumbrill and Yee (2018) define anti-oppressive social work as challenging oppression in everyday practice. Rather than listing the different “forms” of oppression or the various “-isms” in a reductionist manner, Baines (2007, p. 5) defines the

anti-oppressive practice as an umbrella term for various “social justice-oriented practices” (e.g., feminist, anti-racist, post-colonial). There has been minimal attention given to anti-oppressive practice within nursing, with the exception of mental health nursing. In the UK, Hopton (1997) called for mental health nursing to follow social work in developing anti-oppressive practices that aim to overcome discrimination and inequalities in power.

Finally, we searched for anti-oppression or anti-racism statements in community health and social services organizations within the Greater Toronto and Hamilton area (large metropolitan areas with a total population of just under 7 million) in Ontario, Canada. The search was completed in 2019; we identified anti-oppression statements from 20 health and social services organizations. We found that these agencies serve highly racialized populations and neighbourhoods, with the statement(s) often in a prominent location on their websites. We believe that this pattern reflects their intent to create a safe space for the community and to guide their organizational goals.

Defining Anti-Oppressive Dietetic Practice & Next Steps

Drawing on our experiences, the literature, and public statements from health and social services organizations, we propose a working definition of anti-oppressive dietetic practice. We want to use this definition as a starting point to engage other dietitians and dietetic students, and to ground dietetic work in a conversation about power and privilege.

Adapted from Baines (2007), we propose that “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.” Drawing on our experiences and the literature, we believe that anti-oppressive dietetic practice should be guided by four principles: 1) recognizing power and privilege, 2) naming racism and oppression, 3) acknowledging and amplifying lived experience of oppression, 4) advocating for social change. Anti-oppressive dietetic practice could look like but is not limited to the following:

- A white dietitian working as a food service manager recognizes how her comments and behaviours could be triggering or interpreted as microaggressions by staff based on their lived experiences from everyday racism.

- A cis-gender dietitian working with trans clients in an outpatient clinic can recognize the cis-heteronormative nature of having “men and women” washrooms and advocate with management to implement a gender-inclusive washroom policy in the workplace.
- A dietetic educator acknowledges their students' experiences of food insecurity and addresses the issue by actively advocating to their elected officials on implementing basic income policies and reducing tuition rates.
- A dietitian working with a community kitchen group can invite guest speakers to discuss civic engagement and voting.
- A public health dietitian names the impact of colonialism in the disruption of Indigenous food systems and recommends the municipal government change zoning regulations to respect Indigenous communities' self-determination to hunt, fish, and grow food.

Our aim here is to call on dietitians to act on challenging oppression in all forms. We invite our peers to engage in the dialogue to evolve our proposed definition and application of anti-oppressive dietetic practice and its principles. Social inequities in health are rooted in systemic oppression. These inequities cannot be redressed without actively engaging in anti-oppressive dietetic practice to transform health and food systems towards a more just society for ourselves and the communities we serve.

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