

Mount Saint Vincent University
Department of Applied Human Nutrition

Thesis

Re-setting the Table:
Exploring the Counter-stories of Racialized Dietitians in Canada

By
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A Thesis Submitted in Partial Fulfilment of the
Requirements for the Degree of
Master of Science in Applied Human Nutrition

SEPTEMBER, 2023
Halifax, Nova Scotia, Canada

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Acknowledgements

You never complete the journey empty handed or alone and for that I have many people, groups, stories and moments to thank along my five year thesis journey. First and foremost, my family, I really don't think they knew what I got myself into when I overpacked my luggage capacity and moved away from home. Secondly, all my friends from my various volunteer roles, you always made it worthwhile to share stories and exchange knowledge. Thirdly, my mentors turn friends turn so much more, thanks for always reminding me that I'll make it to the other side and not losing hope. Fourthly, my interprofessional colleagues from conferences, events and everything in between, when the dietetics world was giving me a hard time you always had my back. Fifthly, my thesis committee, you all have a story with me and are all important contributors in conceptualizing theory, methodology and complexities. Finally, thank you to all the participants of this study and many dietetic colleagues that have shared their stories with me along the way. I am honoured to be the messenger and hope to support future colleagues in continuing to discuss, challenge and enact change in dietetics for future generations to come. To anyone out there afraid to share their story, remember that you might have a counter-story on your hand just waiting for the right time, place and ears to share it with. Never lose hope because that's what got me to the finish line.

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Prologue: Off the Table Comments

On the first day of orientation at the School of Nutrition at Toronto Metropolitan University (formerly Ryerson University) in August 2012, I was told that only some people in the room would become dietitians going into this nutrition program. I thought to myself, “What a discouraging thing to say before we even start, right?!” Looking around the room, I will not say I was not judging, but we were all judging; I felt it. Although I was shy and quiet since day one, I made it a mission to chase this title I dreamed of in my high school’s home economics class. As a resourceful child of immigrants, I knew I would have to forge a unique path like the movie characters that taught me about university life. My parents immigrated from Panjab, India, and like many folks in my Etobicoke North suburbs of Rexdale, worked in blue-collar jobs to afford a working-middle-class lifestyle. The students in my orientation class were a mix, but now that I think of it, I was naive not to name the difference in economic and racial class representation since day one. Also, never did I think these small moments would lead me to stir the pot and question dietetic diversity in the profession I am about to join as a dietitian.

During my undergraduate studies, many small moments made me internally question the lack of diversity and race conversations in dietetics. Over five years, certain exchanges with colleagues and educators made me feel odd, and I often would equate that to not being seen as “dietitian material”. The nicest way I could rationalize that feeling was the unconscious bias towards me. One of the few stand-out moments is my interaction with my course counsellor. I often see them giving pep talks to white students, which would cut into my meeting time which was never appropriately booked on their end. I still sought help despite the judgmental

interactions with the course counsellor surrounding my potential- I knew deep down I would return and share the program I got into so the counsellor would see my value. However, today I was not as important as the white student with their problems. I hated being overlooked and almost switched out of the program until my friend convinced me otherwise on our commute home. Because I saw the dietetics profession differently, I would seek out events and activities outside the program.

Most of my university friends came from various sociology electives- something I was advised not to pursue as a minor. Understanding how society functions through pop culture, relationships, and theory opened my mind to many intersections we did not explore in our nutrition program. How can I support racialized communities to eat healthily despite economic and social hardships? How does colonialism impact our relationship with Indigenous communities? These questions and intersectional conversations were missing from nutrition courses. I felt the privilege reflected in the student's behaviours in some nutrition class presentations around health promotion activities in neighbourhood improvement areas and raised questions. My peers did not have much to share, and an educator later shared that my questions were good, but everyone was too competitive at this stage in the program to engage in discussion. I felt discouraged and never uncomfortable fitting into the mould, so I attended business, political and art events on campus. Whenever I asked nutrition peers to join, I was asked, "Is that nutrition-related?" because they did not see the point, and that is what made me gravitate towards having friends in fields outside of my study.

Beyond the program, volunteer commitments in my Rexdale community and around Toronto kept me busy. I tried to get into any small area that I could, be it a food bank, kids' program, health promotion, events, you name it, I tried it out. Although I faced resistance, I

found the best time to be spent with people outside of nutrition sharing their thoughts on nutrition, which in the long run, helped me craft a better idea of my career goals. I never stopped researching. I always tried to get a certificate, meet with someone cool and work on my resume. In my final year of the program, I decided on a few internships I wanted to pursue and master's programs. My networks came through during this challenging time to provide me with references and guidance for the interview process. By March 2017, I got two offers fulfilling my dietitian dream and one belligerent comment from a peer reminding me that I still did not belong in dietetics.

As much as you do not want word to go out on not getting into a program, the harshest comments are from those who got into a program. I was away at a business conference when we heard back from dietetic internship programs, so I do not know what that atmosphere was in class the day everyone found out. A week or so later, when I was with a classmate discussing our extra-curricular activities, they hesitantly told me about an incident they felt bad holding back. A classmate commented on whether peers would sink or swim during internship or master's programs. My classmate was present at the time of the discussion, which was cruel and honestly just unprofessional from my understanding. When my name came up, the person said something along the lines of "It is going to be hard for Gurneet to fit in" to my rural internship or East Coast master's program, which is where my classmate interjected and said, "Gurneet's not that dark"...and things were just left at the moment. When sharing this story, they got emotional and feared I would too. I was taken back by a classmate who said this is also racialized...like why ?! I laughed it off and replied, "I knew my social location before I applied to these places," to soften the blow...which again took me back to the isolating feel I felt on day one. Despite getting in, I still felt like I did not belong.

Ultimately, I chose the master's program over the internship because I wanted to research. And the very topic I was going to research was chosen when I shared this story with my thesis advisor over a Skype call. I felt like I would be able to rewrite a wrong and explore dietetic diversity at Mount Saint Vincent University. The Fall of 2017 was a massive transition to a new province and university, where I did not know anyone. Although I was welcomed, this doubtful feeling I had from my undergrad program still lingered concerning whether or not people would support my multifaceted and non-conventional approach to dietetics. It became clear that although anti-racism discussions were happening and I could be more open with faculty, the same issues were presented when I tried to befriend and get to know dietetic students, especially the white students. I look back and still laugh at how much I just went with the flow because everyone seemed progressive. The moment white classmates said they wanted to “wash the whiteness of their skin” and that “more diverse students accepted into internship will prevent them from getting in” were my ah-hah moments. This is also where I gravitated to a few racialized students in the program from the graduate and undergraduate levels to provide me with the company I needed to belong. These social obstacles deflected me from my dietitian goal, so the more I went anywhere and everywhere else but my thesis.

There is a lot in between to celebrate that I don't want to discredit, such as mentorship, counselling, interdisciplinary events, programs and funds that made me find joy when I needed it most. Those who helped me at my lowest know who they are as I became self-consumed in the pain of my participants through my thesis journey. Thank you for the laughs, caring messages and memorable advice that got me through the last five years. As I reflect on my master's experience, there is a good reason why a racialized dietetic student just getting their Registered

Dietitian designation will not jeopardize their career by speaking out against racism and injustice in the profession with a thesis. It has not been done since dietitians have researched in Canada, so why? I learned this the painful way, but I am still here as an almost dietitian, and, to be honest, I do not know if I want the title as I once did. My most significant achievement today is supporting a cause more prominent than the dietitian title, and that is finally finishing up this thesis for the dietetics community in Canada and beyond!

The opportunity to make off the table comments surrounding the experiences of racialized dietitians as table topics is a pivotal moment in the dietetics field. We must address racism, discrimination and professional culture that continues to sideline individuals from entering and being welcomed into the profession. This is only the beginning and a journey we must take together in breaking down barriers with anti-oppression at the forefront. Reading the following hundred pages will inform you about what I learned so we can have nutrition orientations that bring us together in the profession with a sense of community rather than competition. It is time to put the talk into paper and paper into policy and action in 2023 and beyond!

Chapter 1: Introduction

A small pool of research suggests that the demographic composition of the dietetic workforce does not reflect the diverse population served by the dietetics profession in Canada (Brady et al., 2012; Dhimi, 2018; Hack et al., 2015; Riediger et al., 2019). Anecdotal evidence from dietetics scholars suggests that Canadian dietetic practitioners and students are predominantly white. However, no data currently states the racial or ethnic diversity of Canadian dietetic practitioners or students, or the experiences of dietitians racialized [or that identify as] as Black, Indigenous, and/or People of Colour (BIPOC). The lack of attention to the racial and ethnic diversity within the dietetic profession raises questions about the profession's commitment to equity, inclusion, anti-racism, and capacity to serve an increasingly diverse population.

Addressing racism in the field of dietetics has been slow and unsurprisingly difficult due to the dominance of white dietitians in controlling the narrative (Lordly & MacLellan, 2012; Gingras, 2008; Gingras, 2009; Warren, 2017). Often, racism is disguised as a discussion about diversity, which fails to acknowledge the power and privilege that continue to dominate the field of dietetics (Suarez & Shanklin, 2002; Burt et al., 2019; Mahajan et al., 2021). This approach also dismisses conversations about racism and the experiences of racialized dietitians, preventing further exploration (Ng & Wai, 2021; Brown & White, 2021). The ways in which racism infiltrates society and impacts racialized dietitians in Canada have yet to be fully examined. It is worth noting that besides America's Academy of Nutrition and Dietetics, no diversity demographics related to race are actively being collected over the years by dietetic organizations, such as Dietitians of Canada and the British Dietetic Association, compared to the Academy of Nutrition and Dietetics in America (Debiasse & Burt, 2019). In June 2020, the former CEO of

Dietitians of Canada, Nathalie Savoie, released a statement entitled “Anti-racism and privilege in dietetics,” calling on white dietitians to reflect on their privilege and become anti-racist. Savoie mentioned me and other advocates who support racialized dietitians in the statement. As a racialized student, I've spoken out against racism and oppression in Canadian dietetics over the years (Dhami & Tsui, 2020; Dhami, 2018; Jefferies et al., 2022). Using Critical Race Theory (CRT) and Interpretative Phenomenology Analysis (IPA) methodology, I will use my position as an activist-scholar to gather untold narratives that have remained anecdotal. This research will shed light on how dietitians in racialized bodies are perceived, socialized, and practiced in Canada's dietetic profession.

Purpose of Study

In this thesis, I explore the experiences of racialized dietitians. More specifically, I conducted one-on-one interviews with racialized dietitians to understand the potential barriers and challenges of becoming a dietitian in Canada and practicing in the field. Exploring the experiences of racialized dietitians sheds much needed light on how racism may shape the career trajectories and professional lives of racialized members of the profession. My research aims to explore racialized dietitians' experiences of their dietetics education, training, and professional lives.

Research Questions

I will investigate the following sub-questions using IPA:

1. What are the experiences of racialized dietitians in becoming and being a dietitian?
2. How do racialized dietitians perceive their race/racism to have informed their experiences of dietetics education and their experiences of and approaches to practice?

3. What changes to dietetic education and practice do racialized dietitians believe are necessary to improve the racial diversity of the dietetic workforce in Canada and to inform anti-racist dietetic practice?

The thesis is divided into several chapters, starting with an introduction in chapter one. Chapter two provides a comprehensive literature review on race, migration, and multiculturalism in Canada; structures of white society and intersectionality; context into the dietetics and reality of racialized dietitians; and insight into race and diversity in health professions. Chapter three explores CRT as a theoretical framework that seeks to explore how race and racism are constructed and maintained in society by the dominant culture. CRT helps to examine the experiences of racialized individuals becoming and practicing dietetics. Chapter four describes the methodology for data collection and analysis. Chapter five presents the analysis of findings with the three main themes and vignettes and a discussion answering research questions one and two. Chapter six explores recommendations from findings by answering research question three, on improving the racial diversity of the dietetic workforce in Canada. Lastly, Chapter seven is the conclusion that combines the various concepts discussed in the study, along with the study's limitations and implications for Canadian dietetics practice.

Chapter 2: Literature Review

Discussion of race and racism in dietetics is an emerging area of study with a limited breadth of work in Canada compared to additional settler-colonial countries like the United States of America. In this literature review, I discuss research that elaborates on the following six areas: 1) race and racism in Canada; 2) white societal structures; 3) intersectionality; 4) Canadian dietetics; 5) professionalism and racialized bodies in dietetics; 6) efforts to address race, equity, and diversity by including other health professions.

My initial unpacking of race relations and racism in Canada provides context to the discourse of colonization, multiculturalism, processes of immigration, and the representation of racialized peoples in the labour market. Next, I explore the underpinning of white-dominant societal structures and how white identities are construed, problematized, and dismantled. Further understanding of oppression through intersectionality highlights the interconnectedness of racism, classism, and sexism. From this background information, one can begin to understand how the dietetics profession in Canada, including dietetics education and the current workforce, is a part of the more extensive system of white supremacy. This also includes professional socialization and how racialized bodies are framed in the dietetics field. Finally, the review ends with a summary of equity, diversity and inclusion practices cross-referenced with initiatives taken by other health professions to support anti-racist initiatives.

Race and Racism in Canada

The history of Canada's settler-colonialism is marked by the colonization of Indigenous Peoples' unceded lands by white settlers and racialized settlers through immigration and settlement policies. This has resulted in violence and disruption of Indigenous communities, leading to unequal economic, social, and political benefits for settlers. The Truth and

Reconciliation Commission of Canada's calls to action report (2015) provides examples of oppressive policies and events that have and continue to undermine Indigenous communities, such as the Indian Act (1876), residential schools, Sixties Scoop, and violence against Aboriginal women and girls. According to Lorenz (2017), "settler colonialism, therefore, is the way in which oppression—vis-a-vis the historicization of race—has been and continues to be enacted in what is now called Canada" (p. 90).

Canada's population is made up of diverse cultural, racial, and ethnic groups. As per Statistics Canada (2011), 19.1% of the population identifies as a visible minority¹ with ancestral origins outside of North America. These culturally diverse groups have made significant contributions to the social and economic growth of the country (Dewing, 2013; Hyman et al., 2011). Canada is recognized as a pluralistic society that welcomes diversity and cultural inclusivity on an international level, distinguishing it from other countries (Kymlicka, 2004; Mackey, 2002). However, the presence of diversity does not negate the historical or ongoing health and social inequalities encountered by different racial and ethnic groups in Canada.

According to Clair and Denis (2015), racism is when one or more racial groups are presumed to be biologically or culturally superior to justify the inferior treatment or social positions of other racial groups. Cameron (2004) states that racism is just as common in Canada as maple syrup, indicating that the nation's history is filled with evidence of racism. Examples of racial injustice in Canada include the *Chinese Head Tax* (1885-1923) on immigration, Black enslavement in the 17th century, and the establishment of the residential school system that

¹ The Government of Canada (2015) defines visible minority by the Employment Equity Act. The Employment Equity Act defines visible minorities as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour". The visible minority population are categorized as "Chinese, South Asian, Black, Arab, West Asian, Filipino, Southeast Asian, Latin American, Japanese and Korean".

attempted to destroy the traditional way of life of Indigenous communities across Canada.

Racism is still present in Canada, manifested in everyday interpersonal and institutional practices. Hate crimes directed towards marginalized communities, racial profiling in policing and over-policing in Black communities, and the increased number of missing and murdered Indigenous women are just a few examples of this (Government of Canada, 2019; Maynard, 2017).

In contrast to popular discourse, race is now widely understood in the scholarly and grey literature as a social construct in which groups of people are categorized based on culture, politics, history, economics, and physical characteristics (Clair & Denis, 2015; Government of Canada, 2019; Ontario Human Rights Commission, 2005). The way race is defined differs between groups and settings. For instance, anti-Black racism delves into Black communities' history of slavery and its implications on the population. Systemic or institutional racism refers to how social structures disadvantage racialized groups despite the neutral appearance of social cohesion (Government of Canada, 2019). Consequently, how racism is displayed in different social settings and groups is necessary for understanding how race is embedded into society.

Immigration and Multiculturalism in Canada

Canada's diverse image does not exempt individuals from holding racial biases towards immigrants or visible minorities. Immigration policies have progressed from restrictive and often discriminatory practices to policies prioritizing social, economic, and cultural inclusion, as demonstrated by the Immigration Act of 1976 and preceding policies (Hyman et al., 2011; Berry, 2013). The increase in population has included a majority of visible minorities, but they still face social and economic barriers when trying to participate in Canadian society. In response, actions have been taken to support the cultural integration of diverse groups, including allocating almost

\$200 million toward language and culture over a decade (Dewing, 2013, p.3). Although the Canadian Multiculturalism Policy (1971) and Multiculturalism Act (1988) were intended to address racial discrimination and integrate various cultures into Canada's diverse identity, critiques of these policies exist (Dewing, 2013; Hyman et al., 2011; Berry, 2013). Racial discrimination against visible minorities has persisted, prompting Canada's first Action Plan Against Racism in 2005 and the recent 2019-2022 Building A Foundation for Change: with Canada's Anti-Racism Strategy (Dewing, 2013; Government of Canada, 2019).

Critics of diversity and equity initiatives point out flaws in the "salad bowl" or multicultural approach. This approach suggests that individuals of different races and ethnicities can maintain their unique identities while co-existing with the dominant racial or ethnic identity. However, this metaphor and others like the "melting pot" can lead to the belief that minorities are becoming more similar to the dominant group than their own cultures of origin. The "salad bowl" metaphor is also criticized for promoting the idea of collective assimilation without considering the needs of individuals who do not fit within the larger group.

Understanding the experiences of immigrants is crucial to Canada's social, political, and economic outcomes, as immigration rates are projected to exceed 400,000 new immigrants annually from 2021 (Government of Canada, 2021; Nangia, 2013; Lencucha, et al., 2013). The Multiculturalism Act (1988) implemented by the Government of Canada aims to promote cultural diversity and understanding. It is essential to understand how immigrants and their families blend their cultural heritage into Canadian society to determine the effectiveness of this act (Dewing, 2013; Hyman, et al., 2011; Berry, 2013; Nangia, 2013). New environments often prompt immigrants and their families to negotiate how to co-exist with their new Canadian

context, including language, food, and customs (Hyman et al., 2011). In a blended society, parents' old ways of knowing can positively blend with values from both cultures, promoting social cohesion (Lencucha et al., 2013). However, a recent study by Nichols et al. (2020) found that Canadian immigrant youth face multiple obstacles in education and employment, including a lack of diversity in the school curriculum, biased streaming of racialized students, rejection of foreign education and work credentials, prejudice and discrimination, and workplace exploitation (Nichols et al., 2020). These challenges negatively affect the acceptance of visible minorities' cultural backgrounds, hindering social cohesion (Nangia, 2013; Rodríguez-García, 2010). Therefore, although multiculturalism aims to promote cultural diversity and understanding, it is criticized for its ability to attain and support social cohesion.

Racial Implication on Livelihoods

Racism not only affects the health of racialized individuals, but also their social and economic well-being. The Canadian Human Rights Commission (CHRC) (n.d) reports that racialized Canadians earn an average of 81 cents to the dollar compared to white Canadians and that 25% of discrimination complaints received by the CHRC relate to race, colour, national or ethnic origin, or religion. Racism continues to be a barrier preventing individuals from fully integrating into Canada's inclusive citizenship (Hyman et al., 2011). A study by Block et al. (2014) found that unemployment rates and earning gaps between racialized and non-racialized communities have persisted since the 2006 Census data. Understanding the social and economic implications of racism allows us to comprehend how racial inequity is generated in Canada.

In contrast to the colour blind approach, which has long guided action (or perhaps inaction) on diversity in Canada, is anti-racism. In other words, white Canadians have responded to racialized peoples' lived experiences of racism by claiming that they simply do not see skin

colour, and therefore are not racist and in turn dismiss the valid grievances that people of colour express when they experience racism. Anti-racism is an approach that seeks to dismantle the ways that racism is systemic and deeply ingrained in individual biases, structures, and institutions of Canadian society (Government of Canada, 2019; Health Nexus and Health Equity Council, n.d). Anti-racism challenges the systems of discrimination and oppression in understanding the intersectional factors that hinder inclusion and diversity (Health Nexus and Health Equity Council, n.d., pp. 8). Scholarly researchers suggest that Canada needs to adopt an anti-racism framework to bring about systematic change (Carr, 2008; Henry et al., 2017; Mikkonen & Raphael, 2010).

In Carr's (2008) work, it is emphasized that taking a neutral approach to racism through color blindness is not enough. Instead, it is crucial to take an anti-racist stance to address the root causes. This sentiment is echoed by Ibram X. Kendi, who states that we must be actively anti-racist instead of simply not being racist (pp. 14-15). A national study conducted over four years in Canada found that equity policies in universities are not effective in addressing racism against Indigenous people and people of colour (Henry et al., 2017). Additionally, Henry et al. (2017) note that the power dynamics of whiteness must be understood to effectively critique social structures and combat racism (pp. 309). In short, understanding the role of race in perpetuating social inequities is crucial for creating lasting change.

White Society Structure

One of the ways that race and racial inequity have been discussed in Canadian society is through claims, made mainly by white people, of colour blindness (DiAngelo, 2018). DiAngelo (2018) states that colour blindness presents an equality approach, which deflects race as a

limiting factor to societal opportunities; however, that dismisses the reality of racism. Health Nexus and Health Equity Council (n.d.) state that colour blindness neutralizes social inequities where tolerance to diversity does not necessarily result in acceptance or equity. Not “seeing race” or taking a neutral approach, particularly by white individuals, is a normalized practice that ignores racism and maintains power upheld by white societal structures (Jayakumar & Adamian, 2017).

White privilege is a societal advantage that exempts white populations from racism (Reitman, 2006). Peggy McIntosh (1988) defines *white privilege* as “an unearned advantage based on race” that can be seen on an individual and systematic level in the social, economic, and political realms of society (p. 2). Acknowledging and naming whiteness in perpetuating racial inequities challenges colour blindness (Carr, 2008). White privilege confers an undue advantage to white people based simply on their whiteness, while racialized people face barriers in their everyday lives (Liu, et al. 2007; McIntosh, 1988; Brookfield, 2005). Therefore, by being unable to experience racism, white privilege excuses individuals from examining and challenging the social, economic and political consequences experienced by racialized groups.

An issue is how systems of control uphold a racial hierarchy and legitimize power towards whiteness. While white privilege may name the unearned advantage, white fragility defends its existence. DiAngelo (2018) defines *white fragility* as the inability to tolerate racial stressors and defensiveness to unpack whiteness. The power of superiority and defensiveness of whiteness over non-white groups can be understood as white supremacy (Sue & Sue, 2006). The purpose of racism becomes more apparent with the inclusion of white supremacy that upholds unequal treatment of racialized groups and benefits allocated to white groups based on skin colour (Jayakumar & Adamian, 2017; Sue & Sue, 2006). In the Government of Canada’s

(2019) *Building A Foundation for Change: with Canada's Anti-Racism Strategy 2019-2022* report, there is a seeming lack of addressing whiteness in the report. The word “white” and “intersectionality” only appears once in the 37 pages of the report, thus leaving a gap in discussion (Government of Canada, 2019). Understanding intersectional perspectives of oppression can illuminate structural relations of power beyond whiteness.

Intersectionality of Oppression

Kimberlé Williams Crenshaw, an influential Black feminist scholar, developed the concept of intersectionality to describe how our identities and the oppressions we face are interconnected and complex (Crenshaw, 1990). This framework challenges power structures that perpetuate racism, including white privilege. It also informs the theoretical basis of CRT, which recognizes how race, class, and gender intersect and reinforce each other (Chapman, 2005). Carastathis (2014) examines feminist theory and acknowledges its roots in movements led by BIPOC women, many of whom identified as lesbian and influenced critical thinking on intersectionality. Racism is widely acknowledged as a significant social determinant of health (Raphael et al., 2020). It stems from efforts to create and maintain social and economic inequities among racialized groups (Clair & Denis, 2015; Gillborn, 2015). However, other forms of discrimination also impact our identities, such as classism and gendered racism, which create multiple dimensions of racism.

Classism is deeply tied to privilege and white supremacy (Liu et al., 2007). Continuing the discussion from the white society structure section of the literature review, white privilege and colourblindness create economic advantages that uphold white, middle-class values (Liu et al., 2007; McIntosh, 1988). Liu et al. (2007) define the focus of social class bias as “on upward mobility and the belief that people should always strive to improve their social classes and

positions” as a normalized practice (pp. 196). This is evident in economic racism, which often steers racialized individuals into under-valued, poorly paid, and dangerous jobs (Gans, 2017). The role of social class in the economic system with classism as a discriminatory function of social class continues when it is associated with other forms of oppression in the network.

Sexism results from societal patriarchal structures, which can also intersect with racism. Discriminatory and intentional acts demonstrate the presence of sexism, but it is also embedded in the invisible structures of white male privilege (McIntosh, 1988). Ahmed (2015) emphasizes the importance of identifying and addressing sexism, as it persists in society and requires conscious effort to avoid perpetuating it. Additionally, Crenshaw (1990) highlights that the experiences of racialized women differ from those of racialized men and white women, which can limit the effectiveness of antiracism and feminism. Lewis (2018) explains that gendered racial microaggressions can silence women and lead to power struggles for respect and visibility. Black women also face assumptions and stereotypes related to their culture from both sexist and racist perspectives. Therefore, the intersection of oppressions and identities is critical in how people are perceived and treated in society, including [racialized] dietitians.

Current Context of Dietetics in Canada

The International Confederation of Dietetic Associations (2020) defines a dietitian as “a professional who applies the science of food and nutrition to promote health, prevent and treat disease to optimize the health of individuals, groups, communities and populations” (para. 3). Dietitians of Canada (DC) (2020a), the largest professional association in Canada, states that “dietitians empower their patients, clients, and communities to embrace food, to understand it, and to enjoy it” (para. 1). Dietitians practice in various work settings, including hospitals, health

clinics, long-term care facilities, public health and community centres, government, grocery stores, the food industry, education and research (Dietitians of Canada, 2020a; CIHI, 2019).

In Canada, dietetics is a regulated health profession that requires practitioners to be licensed and members of a provincial regulatory body. To obtain a license, individuals must complete academic training, practical experience, and pass the Canadian Dietetic Registration Examination (CDRE). Academic training involves obtaining a four-year undergraduate degree from an accredited post-secondary institution. Practical experience can be gained through a post-graduate practicum or integrated throughout the undergraduate degree with approximately 48 weeks of placements (Partnership for Dietetic Education and Practice, 2019a). The Partnership for Dietetic Education and Practice (PDEP), DC, and provincial regulatory bodies work together to standardize and regulate dietetic education in Canada.

Dietetics Education in Canada

Dietetic education is built upon the knowledge standards and competencies outlined in the Integrated Competencies for Dietetic Education and Practice (ICDEP), which were developed by PDEP in 2014. The ICDEPs establish the knowledge and skill-based learning requirements for entry into the profession, which greatly influence the content and priorities of dietetic education (PDEP, 2019b). In relation to my thesis, it is worth noting that the ICDEPs briefly mention diversity. Specifically, Foundational Knowledge Statement 19.d of the ICDEPs references "social justice, diversity, and equity in society" (PDEP, 2013, p.32). However, research by Brady (2020; 2019) and Fraser and Brady (2019) have shown that the meaning of this competency in dietetic practice is not well understood and is not adequately integrated into dietetic education. Despite the importance of social justice, diversity, and equity in the field, these studies have raised concerns about how diversity is portrayed and the missed opportunities

to address racial inequities in the profession, which ultimately limits its ability to serve a diverse Canadian population.

Dietetics Workforce in Canada

There needs to be more data collected on the demographic makeup of the dietetic profession. The Canadian Institute for Health Information (CIHI, 2019) reports that 11,925 dietitians were practicing in Canada in 2017, of which 96.9% identify as female. DC's most recent survey data from 2011 to 2015 regarding the dietitian workforce only collected demographic data on the age, gender, areas of practice, salaries and potential new graduates, without any mention of race-based data. It is known that the profession is predominantly female, but there is no information on the racial or ethnic makeup of the workforce or student body. This lack of data has been noted by Debiasse and Burt (2019), Dietitians of Canada (2011, 2015a), and Hack et al. (2015).

Studies on dietetics education have provided information on the racial composition of participants in certain research studies (Lordly & Dubé, 2012; Brady et al., 2012; Siswanto et al., 2015; Riediger et al., 2018). For instance, Lordly and Dubé (2012) conducted a study on career aspirations in dietetics and discovered that out of 397 survey participants, 70.5% identified as white. Additionally, research on obtaining a dietetic internship revealed that 71% of successful candidates and 70% of unsuccessful candidates were white, while 90% were female (Brady et al., 2012; Siswanto et al., 2015). These findings demonstrate that white females are overrepresented in the dietetic profession and the lack of racial diversity indicates an underrepresentation in the field. Further discussion in the thesis will examine the overrepresentation of white people in dietetics not just in terms of the statistical number but the

cultural dominance of whiteness in terms of who is represented as experts, whose foods and bodies are predominantly represented in curriculum and practice.

The impact of racial bias on the dietetics industry is evident in the over and under-representation of certain groups. According to research by Riediger et al. (2018), white students have a greater chance of securing internship positions and obtaining licensure than racialized students. This has resulted in fewer individuals from racialized communities pursuing careers as Registered Dietitians due to financial hardships and being unsuccessful candidates. The study indicates that systemic barriers may prevent students from marginalized groups or those with low income from securing internship positions and obtaining licenses. The need for more data on diversity in the profession and more policies to promote diversity significantly impact the present and future workforce in dietetics.

Racialized Bodies in Dietetics

The way racialized bodies are perceived and excluded in the dominant discourse of dietetics highlights the importance of inclusion and equity in the profession. Although Canada's first recorded dietitian job was at the Hospital for Sick Children in Toronto in 1908, racism within the dietetics profession has not been adequately addressed in the 115 years since then (Clandinin, 2015). The absence of conclusive national-level demographic data on racialized dietitians in Canada represents the disparity in race-based data. As dietetics predominantly comprises white individuals who access privilege and power through white societal structures, this can lead to inequality and oppression for equity-seeking groups. Therefore, curating the professional image of dietetics in Canada, which includes decisions on what is included, excluded, or not of interest, such as race and racism, relies on controlling the dominant racial group of white dietitians.

The societal structures of whiteness can impact the way racialized dietitians embody their racial identity, which is crucial to understand in dietetics. Recognizing how power imbalances influence the relationship between white and racialized dietitians can help address feelings of inclusion and exclusion within the profession. Mikahelia Wellington, a Black Canadian dietitian, used Critical Race Theory's counter-storytelling principle to examine her experiences with white female power dynamics. She uses the term "Karen" to describe white cis-gender females' behaviours about "white patriarchy and its need to control white heteronormativity and the falsehood of white female fragility" (Wellington, 2021, p. 6). Wellington shares three counter-stories about her preceptors: victimhood, white rage, and gatekeeping that control her future as a Registered Dietitian. Addressing white structures of control in dietetics that reproduce harm through Karen-like behaviours can encourage professional dialogue to promote the inclusion of racialized dietitian identities instead of controlling their position within the profession.

Health discourses on weight and body size can impact dietitians personally and professionally. Dietetics research by Bessey and Brady (2021), Bessey and Lordly (2019), and Nutter et al. (2016) explore discourse on weight practices and education within the dietetics field. Findings suggest that the dietetic profession, from practitioners to students, often shares biased and stigmatizing views toward "overweight" and "obese" patients (Bessey & Brady, 2021; Bessey & Lordly, 2019). The medical focus of health professions to treat body size in excess or sufficient weight or fat dismisses the role of socially influenced factors on weight outcomes (Bessey & Lordly, 2019). Nutter et al. (2016) note that weight bias may pose a more significant concern to white middle-class women proceeding the second wave of feminism.

In contrast, Vincent Roehling (2012) notes "may be incompatible with mainstream feminist thought that has emphasized the influences of gender, race, socio-economic status,

sexual orientation, and their intersections.” Weight and body size are significant topics in the health industry that affect dietitians personally and professionally. Several studies, including research conducted by Bessey and Brady (2021), Bessey and Lordly (2019), and Nutter et al. (2016), have explored the discourse surrounding weight practices and education within the dietetics field. The findings suggest dietetic professionals, including practitioners and students, often hold biased and stigmatizing views towards overweight and obese patients. As a result, dietetic professionals and students face the complexity of navigating their personal and professional relationships with weight management and food intake, as highlighted by Korinth et al. (2010) and Nutter et al. (2016). Placing valuing body ideals around thinness and fatness as unhealthy furthers patriarchal views on female bodies and stigmatizes discussion on weight. Therefore, dietetic professionals and students face difficulty navigating their personal and professional relationships between weight management and food intake (Korinth et al., 2010; Nutter et al., 2016).

Professional Socialization

Becoming a dietitian involves acquiring the knowledge and skills for practice but is also a process of professional socialization (Brady et al., 2012; Gord, 2011; Lordly & MacLellan, 2012; Maclellan et al., 2011). Professional socialization in dietetics research is what Merton et al. (1957) refer to as “the process by which people selectively acquire the values and attitudes, the interests, skills and knowledge – in short, the culture – current in groups of which they are, or seek to become, a member” (pp. 278). Other research indicates that dietetics professional socialization is a process garnering insight from a personal and professional level into what attitudes, activities, knowledge, and values are upheld or required in becoming a dietitian (Clouder, 2003; Brady et al., 2012; Gord, 2011; Lordly & MacLellan, 2012).

MacLellan et al. (2011) draw on nursing literature, including Simpson (1967), Davis (1975), and MacIntosh (2003), to elaborate on the three stages of professional socialization that shape the process of becoming a dietitian. First, pre-socialization occurs before the individual enters formal educational training, focusing on what factors drove them to dietetics (MacLellan et al., 2011). For example, participants in a study by Brady et al. (2012) stated that their interest in cooking, food, and health made dietetics an obvious choice. Second, the formal socialization process involves students being educated about what it means to become a dietitian based on how it is perceived by their educators and other health professionals (MacLellan et al., 2011). In this instance, individuals begin to imagine the dietitian they wish to become, and relationships with educators and peers are vital in setting the direction (Brady et al. (2012). The final step discusses post-socialization, the cycle of learning that continues in dietetics as individuals become acquainted with the work settings, writing the CDRE and forming relationships with dietetic professionals. Additionally, Brady et al. (2012) point out vulnerable relationships between students depending on educators for reassurance during professional practice, where support from preceptors is highly valued. Overall, professional socialization in dietetics showcases the variables experienced individually.

Furthermore, emotional and stressors accompanying professional socialization can positively and negatively impact individuals' experiences (Brady et al., 2012; Ruhl & Lordly, 2017; Gord, 2011; MacLellan et al., 2011; Lordly & MacLellan, 2012). For example, positive experiences have been associated with the memories of cooking, successfully being accepted into an internship or post-graduate dietetic stream programs, along with establishing connections with educators and colleagues (Brady et al., 2012; Siswanto et al., 2015; MacLellan et al., 2011).

On a separate note, the negative emotions in dietetic professional socialization include unsuccessful internship applications, competition among students, and feeling pressure to conform to a particular dietetic identity to be successful are all themes brought up by various dietetics research studies (Brady et al., 2012; Maclellan et al., 2011; Ruhl & Lordly, 2017; Gingras et al., 2014; Gord, 2011). The need to consider race and racism during the professional socialization of racialized dietitians is crucial in understanding how their experience of becoming a dietitian and their subsequent career trajectories may be shaped by racism.

The predominance of white females in dietetics bears implications and potentially negative consequences for the experiences of racialized dietetic students and practitioners in professional spaces (Atkins & Gingras, 2009; Brady et al., 2012; Ramji, 2007; Riediger et al., 2018; Siswanto et al., 2015). Atkins and Gingras (2009) found that peer competition added to the isolation of moving from another country for ethnically diverse international nutrition students studying in Ontario. In order to overcome their shortcomings, Atkins and Gingras (2009) found that these students attempted to gain acceptance of Western foods to get acquainted with the dietetic profession in Canada. Felton et al. (2008) gathered narratives from African-American dietetic students about their perception of dietetics. Throughout their socialization in dietetics, participants reported the need for racially diverse representation among educators and in career fair information. Additionally, research on professional socialization by Keith and Moore (1995) found that “alienation and racial insensitivity” hindered the socialization process of racialized individuals (pp. 210). The lack of racial representation in the profession and in teaching faculty, social and financial support are barriers for racialized individuals entering a predominantly white profession.

Race, Diversity, and Inclusion in Health Professions

Improving racial diversity and inclusion has been a concern for various health professions, such as medicine and nursing. According to the Canadian Medical Association (CMA), 2018, while medical education focuses on social and cultural competency, the workforce still needs more diversity. In 2019, the CMA introduced a draft policy to promote equity and diversity in the profession while considering racialized communities' perspectives. The CMA's policy highlights the need to collect and share demographic data to understand representation within the organization better. The recommendations also include incorporating education and training on implicit bias, cultural humility, and anti-racism from an intersectional perspective (CMA, 2019). However, even with the CMA's efforts to promote equity within the medical profession, addressing racism in an open context may still be challenging.

The lack of data on ethnic diversity in the nursing profession has resulted in gaps in demographic data collected by the CIHI database, according to the Canadian Nursing Association (CNA) (2009). In response, the CNA (2009) has issued a policy brief that outlines how they will measure diversity, lead the cultural shift, profile nurses, provide outreach programs, and mentorship in order to address the diversity gap (p.3-6), similar to the CMA (2019). Despite these initiatives, concerns still need to be addressed over how diversity and representation are reflected in literature and professional documents (Jefferies et al., 2018; Canadian Nursing Association, 2009; Registered Nurses Association of Ontario, 2007). Jefferies et al. (2018) suggest that strategies must be implemented to address systematic barriers to increase diversity within nursing.

Diversity and inclusion initiatives have become more prevalent in medical and nursing university programs. For example, the University of Saskatchewan's College of Medicine has

opened up seats and offered financial and social support for diverse students from various socio-economic groups (Mercer, 2018). The Canadian Nursing Foundation (2016) also offers scholarships for diverse nursing students who identify as Black, Indigenous, and/or People of Colour (BIPOC) to pursue nursing education. It supports internationally educated nurses entering the workforce. Additionally, Canadian nursing groups representing nursing programs and national nursing organizations have introduced an anti-racist curriculum to address the impact of colonialism on Indigenous health issues and avoid ethnocentrism and cultural imposition (Udod & Racine, 2018). While these efforts are not perfect solutions, recognition by the CMA and CNA to redress racial bias and lack of racial diversity within the health professions is growing (CMA, 2018; Mercer, 2018; Canadian Nurses Association, 2009; Lane et al., 2019).

In contrast to the medical and nursing associations, the professional and regulatory bodies representing dietetics have yet to take similar measures to acknowledge or address the lack of racial diversity within the Canadian profession. A small pool of dietetic research critiques the professions' approach to diversification (Debiasse & Burt, 2019; Dhami, 2018; Tan, 2012; Riediger et al., 2018; Warren, 2017; Warren, 2019; White, 2012; White, 2018). This is evidenced by a lack of official statements, policies, or racial demographic data within the dietetic profession in Canada (Debiasse & Burt, 2019). Additional conversations appeared in a practice blog by Dhami and Tsui (2020) on "Dietetic Diversity: From Mentorship to Practice," which brought light to the lack of race-based research and narratives in Canadian dietetics. In addition, DC (2020b) recently shared an infographic on diversity and inclusion that summarized feedback from 6% of DC's membership. The infographic highlights the members' views that the profession needs to address the lack of diversity vis a vis race, Indigeneity, body size and sexual orientation. Compared to the diversity and equity initiatives in medicine and nursing, dietetics

has work to do in education, policy, and training programs. Lessons that can be applied from other health professions to the field of dietetics are valuable to ensure the future and longevity of holding a diverse pool of dietetic professionals in Canada that reflect the population. Therefore, I will address the lack of racial diversity data in dietetics by gathering insight from racialized dietitians in Canada.

Summary

This chapter delves into dietetics practice in Canada, exploring various aspects. It provides an overview of the socio-political history of colonization, migration, and immigration in Canada, which helps to contextualize a deeper discussion on race and racism. Despite Canada's multicultural image, discrimination still exists, and the role of assimilation is up for critique. White society structures control social integration, leading to intersectional oppression of racism, sexism, and classism. In dietetics, diversity is lacking, with inadequate data on education in the workforce. The profession is dominated by white dietitians, who control the inclusion and exclusion of racialized bodies through professionalism. The chapter concludes with opportunities for racial diversity and inclusion in similar health professions, providing context for advocacy and comparison for the future of dietetics. Critical Race Theory (CRT) will continue to analyze race and racism informed through intersectionality in Chapter three.

Chapter 3: Theoretical Framework

In this chapter, I outline how Critical Race Theory (CRT) can be applied to multidisciplinary research, including the dietetics field and how the theoretical underpinning of the five tenets aligns with my study's methodology, which I describe in the next chapter. CRT is founded on five tenets: 1) counter-storytelling; 2) the permanence of racism; 3) whiteness as property; 4) interest convergence; 5) the critique of liberalism (DeCuir & Dixson, 2004; Ladson-Billings, 1998; McCoy, 2006; Hiraldo, 2010, p. 54). The five tenets of CRT shed light on the socio-cultural context in which politics and institutions influence perspectives of race in society (Hiraldo, 2010). This study fits within CRT's focus on how race and racism are constructed and maintained in society by the dominant culture. The theory helps me to examine the experiences of racialized individuals becoming and practicing dietetics.

CRT has been used to examine how social, political, and economic structures include and exclude racialized groups. The key foundation of CRT was established in the field of legal studies by Derrick Bell, Alan Freeman, Kimberlé Williams Crenshaw, and Richard Delgado following the Civil Rights Movement (Ladson-Billings, 1998; Delgado, 1995). CRT not only provides a theoretical framework to understand race-based discrimination in society but advocates for racial justice (Stovall, 2006). This is evident by education scholars such as Ladson-Billings (1998), Solórzano and Yosso (2002), DeCuir and Dixson (2004) and bell hooks (1992) who used CRT to examine inequities faced by racialized students in North American schools. For example, CRT's origins are closely related to exploring anti-Black racism in multiple studies, where DeCuir and Dixson (2004), Ladson-Billings (1998) and bell hooks (1992) have clearly centered the counter-stories of African-American students on understanding the impact of racism on educational outcomes. Additionally, Solórzano and Yosso (2002) expand the

application of CRT into Latinx Critical Race Theory which zooms into the unique experiences of Latinx students in the education system. CRT can ground diverse racialized identities in understanding how individuals are reflected or missing in social, political, and economic spheres.

Theory Rationale

I adopted CRT for this study because the method of telling stories grounds the experiences, perspectives and knowledge of racialized people, while providing a framework for qualitative data analysis (Ford & Airhihenbuwa, 2010; Hubain et al., 2016; Hiraldo, 2010; Atwood, & López, 2014). In particular, the first tenet of CRT, counter-storytelling, complements Interpretative Phenomenological Analysis's (IPA)'s data dissemination to create vignettes of racialized dietitians in Canada (Pietkiewicz & Smith, 2012; Solórzano & Yosso, 2002; Sampson & Johannessen, 2020; Kempf, 2020). The CRT framework emulates key discussion in five areas that Solórzano (1998) summarizes and Kohli (2009) apply in their education research. This includes the intersectionality of race and racism, challenging dominant ideology, commitment to social justice, centering experiential knowledge, and opportunity to explore interdisciplinary perspective. Therefore, the rationale to draw on CRT into the thesis study was to help me understand race and racism in the field of dietetics from the lived experience of racialized dietitians. Below I elaborate on the five tenets of Critical Race Theory.

First Tenet: Counter-storytelling

Counter-storytelling is a communicative tool employed by racialized individuals to share experiences that are often not visible in dominant narratives upheld by white individuals and a white-centric society (Hartlep, 2009; Solórzano & Yosso, 2002; Hiraldo, 2010). The counter-story aims to bring insight into the racial struggles and challenges the dominant story has ignored or silenced (Solórzano & Yosso, 2002). Additionally, counter-storytelling is not just for

racialized peoples, rather it provides an opportunity for individuals across equity deserving groups² to critique dominant ideologies (Hunn, Guy & Manglitz, 2006). The intention is for equity seeking groups to have their own space to critique processes such as whiteness and patriarchy, which are embedded systems that produces and perpetuates social inequities (Delgado Bernal & Villalpando, 2002; Hiraldo, 2010, p.32). The purpose of sharing personal stories is to bring forth intersectional experiences related to racism, sexism, and classism c people of colour (Solórzano & Yosso, 2002; Hiraldo, 2010).

In my study, counter-storytelling for racialized dietitians centers on race and racism as the primary focus shaping their dietetic journey. Research by White (2013) and Warren (2017) applies CRT to understand the experiences of Black and racialized dietitians in the US. Their compilation of counter-stories presents a first-person account of how racial identity influences one's dietetic journey from education, internship to professional practice (White, 2013; White & Beto, 2013; Warren, 2017). The research study by White (2018) looks at the over-representation of white dietitians, where racialized dietetic educators and students shared their counter stories to the status quo, which highlights privilege, oppression and representation in the profession (p. 28). Overall, an opportunity for under-represented voices to share their narratives as racialized dietitians is made possible through counter-storytelling.

Second Tenet: Permanence of Racism

The second tenet, the permanence of racism, sheds light on how race can often control relations in the social, economic, and political spheres in society (Hiraldo, 2010, DeCuir &

² [The Canadian Kinesiology Alliance \(n.d\)](#) defines the terms as “Communities that identify barriers to equal access, opportunities, and resources due to disadvantage and discrimination, and actively seek social justice and reparation. This marginalization could be created by attitudinal, historic, social, and environmental barriers based on characteristics that are not limited to sex, age, ethnicity, disability, economic status, gender, gender expression, nationality, race, sexual orientation, and creed.”

Dixson, 2004; Delgado, 1995; Ladson-Billings, 1998; Ladson-Billings & Tate, 1995). This tenet asserts that the very existence of racism cannot be ignored as it intercepts multiple strata of society. Derrick Bell (1992) notes that accepting the presence of racism does not dismiss or deny intersectional issues but alludes to the fact that African Americans cannot put their faith into equality unless white people negotiate their privilege from their social position in society. From this sense of control, systems continue to perpetuate institutionalized and systematic racism that protects the beneficiaries from addressing inequity that would attack their white fragility (DiAngelo, 2018).

Racism is socially embedded in society, and it permeates into professions such as dietetics. The permanence of racism is “not waiting [for racism] to be discovered” (Atwood & López, 2014, pp. 1145), but rather “unmasks racism and reveal racism in its most ordinary” form (Atwood & López, 2014, pp. 1141), and challenges assumptions of racial neutrality in the predominantly white profession of dietetics (Warren, 2019). White and Beto (2013) address the lack of racial diversity in the dietetic profession with solutions focused on social and economic support and promoting cultural competence to understand and welcome racial identities. Therefore, an opportunity for racialized dietitians to name race as an important component of their lived experience and how they navigate dietetics in education and practice challenges racial neutrality with lived experience.

Third Tenet: Whiteness as Property

The third tenet, whiteness as property, refers to legitimizing benefits and rights to individuals based on being white. Harris (1993) recounts the emergence of whiteness as property to the time of the slave trade and segregation in America, where white individuals' racial hierarchy allowed them to hold spaces and ownership (DeCuir & Dixson; Hiraldo, 2010; Ladson

-Billings & Tate, 1995). Furthermore, whiteness in education consistently reproduces inequities that align with dominant ideologies and downplay the experiences of racialized communities (Ladson-Billings & Tate, 1995). It can be suggested that the educational system is controlled and benefited by those who hold whiteness as property.

The over-representation of white dietitians in Canada can act to uphold the value and benefits attached to whiteness in dietetics. Warren (2017) discusses the importance of considering white privilege in understanding how the over-representation of white dietitians impacts racialized dietitians (pp. 14). Further exploration into how racialized individuals view themselves through white society can be expanded from W. E. B. Du Bois' theory of Double Consciousness into CRT (Hudecki, 2020). More accurately DuBois's Double Consciousness has been interpreted to describe a unique viewpoint where oppressed groups view themselves through the eyes of white society (Itzigsohn & Brown, 2015; Hudecki, 2020). Recognizing the apparent value whiteness has in dietetics is critical in understanding how racialized dietitians see themselves and challenge potential inequities because they are not white (Warren, 2017; White, 2013).

Fourth Tenet: Interest Convergence

The fourth tenet, interest convergence, refers to the system where the rights of racialized individuals only advance when they converge with the interests of white individuals (McCoy & Rodricks, 2015). Whereas research by Bell (1980) demonstrates that although the civil rights movement is perceived to succeed in moving forth racial inclusion, equality does not necessarily mean equity for racialized communities (DeCuir & Dixon, 2004; Hartlep, 2009; Hiraldo, 2010). Ladson-Billings (2013) provides a US-based example where the original intent for affirmative action in the workplace was to decrease racial discrimination; however, the addition of sex to

converge the order benefited white women. Consequently, when white communities' interests align with racialized communities' acceptance remains socially inequitable between the racial groups.

Canadian dietitians have begun calls for action and critique the role of a predominately white profession to improve racial diversity (Mahajan et al., 2021). Research by White (2013) explores a link between CRT's interest convergence and dietetics, where a predominantly white profession benefits from white privilege and often uses self-interest to pursue diversity initiatives. Similar to White's (2013, 2018) findings, Warren (2017, 2019) found that dismantling interest convergence by challenging power structures continues to be a challenge, especially given the lack of diversity in the dietetic profession. Therefore, an opportunity to unpack interest convergence in Canadian dietetics and make sense of how racialized dietitians see their benefit or lack thereof compared to white dietitians through diversity initiatives.

Fifth Tenet: Critique of Liberalism

The final tenet of CRT, the critique of liberalism, examines how neutrality, equality and colour blindness govern discussions around race in society (Henry et al., 2016). The liberal stance takes a neutral approach with colour blindness and equal opportunities that dismiss the complexities of racial identities (DeCuir & Dixson, 2004, pp. 29; Hiraldo, 2010). By ignoring the fact that race influences peoples' life experiences, whiteness is normalized and not seen as problematic (Williams, 1997; DeCuir & Dixson, 2004). Additionally, the need for racial equity is crucial to counter racial inequity in our society by addressing the social, economic, and political differences based on race (DeCuir & Dixson, 2004, pp. 29). Therefore, ignoring race as a contributing factor that influences the social and economic livelihoods of racialized individuals is an injustice to explain their prescribed position in society.

The lack of race data in Canadian dietetics speaks to the liberalism in the field. Solórzano and Yosso (2002) emphasize that CRT challenges white privilege by rejecting neutral research and revealing deficit-informed research that silences racialized peoples' voices (p. 26). White's (2013, 2018) research challenges meritocracy and colour blindness with counter-stories by African American dietitians and dietetic students by highlighting social, financial, and political issues faced by racialized individuals, particularly African-Americans pursuing dietetics education and training. Tan (2011) explores social influences, career outlook, and barriers faced by Chinese students pursuing dietetic education in Canada. According to Tan's (2012) results,

“Although participants could not give specific examples of overt racism, it was apparent that they believed that they were treated differently... Two of the participants expressed their feelings of public favoritism towards Canadian dietitians, [with quotes stating that] the public may trust visible minority dietitians less as a professional because of biases. Patients tend to go to the dietitians who belong to the 'majority' group and have good reputation (p. 66).”

This is a part of the limited literature that explores career aspirations in dietetics with focus on a particular racialized or ethnic group. However, the limited literature that explores first person perspectives of racialized dietitians contributes to a lack of understanding of diversity in the field and upholds liberal views on diversity in Canadian dietetics, which CRT can further critique.

CRT and Dietetics

CRT is well-suited for my thesis because it puts a spotlight on the narratives of racialized dietitians on how their identity influences their experiences of becoming and navigating a predominantly white female profession from the margins (White & Beto, 2013; White, 2018;

Brady et al., 2012). Including and focusing on the perspective and lived experiences of racialized dietitians in Canada is critical to analyzing the field of dietetics. This is essential to creating a more inclusive profession that better reflects the population of Canada (Mudryj et al., 2018; Riediger, 2018). To date, Tan's (2011) study is the only research that I know has examined aspects of critical theory to examine the social inequities faced by Chinese students pursuing dietetic education in Canada. CRT as a theoretical framework for my study well suited because of its commitment to social justice and because it centers the counter-stories of racialized health professions to help us understand how race and racism inform their journeys of being and becoming dietitians in Canada.

The next chapter focuses on the methodology of this study. The qualitative study will be informed by Interpretative Phenomenological Analysis (IPA) accompanied by the CRT tenets from this chapter into how data will be used to create counter-stories.

Chapter 4: Methodology

In this chapter, I discuss the rationale for choosing a qualitative research methodology and the specific methods to answer my research questions. I explored the study on racialized dietitians' dietetic education, training, and professional lived experience through qualitative research methods including Interpretative Phenomenological Analysis (IPA) and Critical Race Theory's first tenet, counter-storytelling. IPA is used as a methodology to conduct research, particularly to understand a phenomenon conveyed through the participant's lived experience (Braun & Clarke, 2021; Pietkiewicz & Smith, 2012). Additionally, IPA makes sense of participants' stories grounded in their lived experiences as racialized dietitians in the field of dietetics in Canada (Miller, Chan & Farmer, 2018; Pietkiewicz, & Smith, 2012). Through storytelling, feelings, thoughts, and perceptions related back to the participant's lived experience can be drawn from IPA methodology (Larkin & Thompson, 2012; Smith & Osborn, 2008; Pietkiewicz, & Smith, 2012). Gathering interviews from racialized dietitians goes in hand with exploring experiences of racialized dietitians using an intersectional lens, counter-storytelling embedded in CRT within the dietetic profession in Canada (Crenshaw, 1990; White, 2012; Warren, 2017; Warren, 2019; Kasten, 2018; Lordly & MacLellan, 2012). Previous studies in dietetics incorporate qualitative approaches to include racialized dietitians' voices. However, there remains limited data in understanding their unique socialization experience in the profession (Tan, 2012; Warren, 2017; Warren, 2019; Riediger et al., 2018; Dhami, 2018). I will provide an overview of the research design, including a review of sampling and data collection methods, including participant recruitment of racialized dietitians in Canada and the process of synthesizing, and analyzing the data. Lastly, I locate myself as a researcher and share approaches to practicing reflexivity throughout the research process.

Qualitative Research

Qualitative research brings value by uncovering individuals' meanings to their experiences and feelings in navigating the world through stories and interviews (Patton, 2015, pp.4-5). I use a qualitative framework for this research which aims to better understand the education, training, and experience in the workforce of racialized dietitians in Canada.

Qualitative methods produce a quality of valuable research based on the researcher's ability to hone the subjectivity of the study. Upholding rigour in qualitative research is critical and relies on methodological guidelines to provide approaches for assessment. For instance, in a case study article by Shinebourne and Smith (2009), a reference is drawn to Yardley's (2000) criteria for evaluating qualitative research, such as phenomenological methodologies. Smith et al.'s (2009) study, along with Giwa's (2016) thesis, considers how to examine the quality of an IPA study using Yardley's (2000) four quality principles: (1) sensitivity to context; (2) commitment and rigour; (3) transparency and coherence; and (4) impact and importance.

According to Yardley's (2000) first principle, sensitivity to context occurs when the researcher situates themselves in the socio-cultural setting where the research is engaged through meaningful review and consideration of the participants in the study (Smith et al., 2009; Giwa, 2016). Due to my racialized background, my position as an insider granted me insight and shared experiences with the participants. Additionally, the support from the dietetic research literature on diversity and CRT from America provides context to create methodological and theoretical approaches to inform engagement with participants. However, the literature is scarce, and the experience of racialized dietitians is set beyond the profession as the incidents occur in Canada's social, political and cultural spheres of society. These factors posed limitations in conducting the study but will now be used to fill a gap in research. Lastly, my dietetic journey experience

brought forth emotions and stress I had to manage and consider in reflexivity practices. Staying true to the ethics and protocols of IPA, centering participants' voices presents findings and interpretations for the readers' judgment (Smith et al., 2009; Shinebourne & Smith, 2009).

Demonstrating Yardley's (2000) second principle, commitment and rigour are evident in the researcher's ability to connect to the study with competence in applying the methods and immersing and engaging with the research data. Attention to detail informs rigour, including thoughtfulness of interviews and complete analysis of findings (Smith et al., 2009; Giwa, 2016). For example, the inquiry methods to analyze the data into vignettes, themes, codes, and quotes paint the bigger picture of the research objective. Careful thought is required to understand each participant's breadth of complexities and nuanced experiences. The strenuous process took months of reflection and interpretation to ensure the methodological rigour of my work.

Lifting the veil of the research and writing process is what Yardley (2000) refers to as transparency and coherence. For example, transparency is visible through detailed descriptions, tables and appendices, where appropriate illustrations accompany the findings. Additionally, Yardley's (2000) recommendation for researcher reflexivity appears throughout the thesis. For instance, I disclosed in each interview that I experienced a microaggression from a colleague, which motivated me to pursue this research (Refer to Reflexivity as a Researcher and Researcher-Researcher Relation below for discussion). Furthermore, coherence refers to the adaptability of methodological, theoretical, and analytical perspectives to answer the research question (Yardley, 2000). The thesis research questions underpin IPA methodologies to understand the experiences of racialized dietitians' dietetic journey in Canada. The purposive sample of eight participants shared their experiences through one-on-one interviews and answered the three research questions. Moreover, the addition of CRT allows one to zoom into a

discussion on race and provide framing to create counter-stories while upholding the integrity and safeguarding the participant's identity. By adhering to immersive research analysis, the researcher presents the interpretations and curation of the findings logically (Giwa, 2016; Miller et al., 2018).

Yardley's (2000) final principle, impact and importance, underscores the idea that it is not about the quantity of research conducted but whether it can bring noteworthy, critical and relevant findings for the reader (Smith et al., 2009). My lived experience in dietetics motivated the research. It influenced the progression in real-time based on my activism in the Canadian dietetics field to address racism and the lack of anti-oppression action to engage with racialized dietitians meaningfully. The current research brought forth the under-documented accounts of racialized dietitian experiences in becoming and being a dietitian in Canada. Since enrolling in my Master's in 2017 and starting my thesis in 2019, rampant changes in the Canadian dietetics field have shifted the profession's traditional trajectory. Examples include the updated ICDEPs guiding dietetics education and internship, Dietitians of Canada's focus on gathering demographic data, emphasizing diversity, equity, and inclusion practices, and introducing independent dietetic organizations/groups on social media. These examples have heightened, and online discussion of racial diversity has become more of a focus in dietetic circles to foster spaces of inclusion and belonging. The extensive influence of socio-political events in society has played a vital role in furthering overlooked discussions in the Canadian dietetics field for decades. This research is an essential contribution to academic research on the experiences of racialized dietitians in Canada and present an opportunity to have discussions grounded in data instead of anecdotes.

I found conducting qualitative research very labour-intensive due to the amount of observation required to gather detailed data from the data collection to the analysis stage (Attride-Stirling, 2001; Pope, Ziebland & Mays, 2000). Furthermore, the research participants in my study shared their social context of being racialized dietitians included sharing feelings, meaning, opinions and subjective behaviours. Given (2008) describes subjectivity in qualitative research as means of being subjects of inquiry, as participants and researchers. Moreover, subjectivity brings value and is a unique feature of qualitative methods because it enables insight into lived experiences of research subjects (Given, 2008; Attride-Stirling, 2001; Pope, Ziebland & Mays, 2000). Therefore, adopting a qualitative methodology my study has the benefit of offering a rich, detailed understanding of participants' perspectives of their lived experiences, outside of what a quantitative methodology could achieve.

Methodological Alignment

Phenomenological interviewing studies lived experiences and how we develop a worldview based on subjective experiences (Marshall & Rossman, 2016, p. 293). The interviews reveal a phenomenon shared among individuals, which fits the focus of this study on the dietetic journey of racialized dietitians in Canada. Additionally, individuals are the experts of their own stories, which in turn reflects their identity (Hefferon & Gil-Rodriguez, 2011; Smith & Osborn, 2008). Within phenomenology, CRT's centrality of race and racism "cannot be disentangled from its sociohistorical backdrop of lived experience" (Vargas et al., 2021, pp. 1054). IPA provides a framework for CRT to question how race and racism emerge in racialized individuals lived experience as a collective or invisible structure embedded in structural and social practices of society (Solórzano & Yosso, 2002; Vargas et al., 2021). Therefore, as experts of their own stories and a focus on how race and racism impact dietetic professionals, IPA methodologies

complement the tenets from CRT's theoretical framework (Smith, 2014; Warren, 2017; Atwood & López, 2014).

The combination of CRT and IPA has been used in theses by Jackson (2019) and Giwa (2016), which have explored racialized individuals' lived experiences in transdisciplinary areas. The researchers explore how IPA frames social structures and CRT illuminates how race and racism is embedded in society through counterstories from racialized participants. Jackson's (2019) thesis in education explores the experience of Black males in same-gender and same-race mentorship. He complements IPA's ability to focus on individuals' expertise of lived experience with counterstories to showcase power dynamics impacting Black males' experiences in education. Giwa's (2016) thesis in social work focuses on how gay men of colour interpret and cope with racial discrimination. He used IPA and CRT to "better understand how people make sense of major or significant life experiences (Smith et al., 2009), such as racism" (p.124). Both Jackson (2019) and Giwa (2016) showcase how IPA can frame subjective experiences of racism, and CRT can articulate how racism emerges in narratives of lived experience within universal or invisible structures.

This research study will contribute to the limited qualitative research in the dietetic field, providing meaningful data on the lived experiences of racialized dietitians using IPA and CRT's counter-storytelling.

Qualitative Interview Techniques

Interviews are a vital part of IPA where discussion questions asked by the researcher guides conversation with the participant. The interview techniques used in this study will follow an interpretative approach. The interpretive approach assumes that the social world is constructed based on the interpretations, meanings, and actions of individuals' lived social reality

and interactions with others (Given, 2008). In the case of this study, racialized dietitians are interviewed by me, a racialized dietetic student, on how they perceive race and racism navigating through their dietetic journey. The interview guide contains semi-structured questions to understand how racialized dietitians situate themselves in their dietetic journey. During the interviews, I reiterated questions and reframed them to ensure focus on participants' views. Furthermore, relying on CRT's central pillar, my thesis also uses counter-stories to contextualize participants' experience and center the voices of racialized dietitians to better understand how the dietetic profession includes or excludes based on race.

Reflexivity as Researcher

Practicing reflexivity is consequential in understanding how the researcher's positionality may impact qualitative research. Attaining reflexivity is not a linear process to enact, as consideration and evaluation is made at each stage in the research process. Reflexivity involves a self-appraisal process in which the researcher's social position (e.g., race, gender, age, class), bias, beliefs, insights and awareness of how the interplay between all these factors may influence the study and outcomes (Berger, 2015). By monitoring reflexivity as a researcher, disclosure of bias, beliefs, and connection to the research topic enhances the quality and credibility of the findings (Pietkiewicz & Smith, 2012). Berger (2015) examines the components of reflexive research practice, which include the researcher sharing their own experience with participants, shifting from an outsider to an insider and having no familiar experience with the subject matter. Therefore, being cognizant the researcher's positionality and practicing reflexivity impacts the research process.

The insider and outsider status a researcher holds is a critical point of discussion in qualitative research. Gair (2012) outlines that insider and outsider status refers to the proximity

the researcher holds within or outside the participants being studied based on similar lived experiences. Furthermore, Gair (2012) and Dwyer and Buckle (2009) outline extensive research that discusses how much the researcher's role plays into the subjective nature of qualitative methodologies and conclude that a middle ground must be reached to showcase participants' stories. Dwyer and Buckle (2009) make the important distinction that being an insider or not does not make for a better or worse researcher but rather a different type of researcher. Therefore, understanding the varying advantages and disadvantages shifting from an insider to an outsider on the research topic is part of the reflexive process (Berger, 2015).

Factors that make me an insider include self-identifying as a racialized identity, familiarity of the dietetics profession and sharing my experiences of racism throughout my dietetics journey within Canadian dietetics circles. My position of observer turns into active participation as I connect and share familiar experiences and show empathy to the study participants (Gair, 2012). Although no research can be free of bias or detached from the researcher's personal experiences, the practice of explicitly stating these relationships brings transparency of potential biases for further reflection (Berger, 2015). Moreover, racialized individuals are not a homogeneous group, and an intersectional analysis of class, gender, sexuality, and immigration status equates to more heterogeneity among the racialized participants. An outsider status means lacking lived experience or group membership related to the research participants (Gair, 2012). In the instance of this study, not being racialized or a member in the dietetics community or having dealt with racial discrimination places the researcher further away from the participants' lived reality (Dwyer & Buckle, 2009; Berger, 2015). Potential obstacles a researcher may face as an outsider includes taking more time to build rapport and further reflexive practice to understand the context participants share (Berger, 2015). Although the approach may differ for an outsider

doing the research, the focus in qualitative research remains unanimous, showcasing the lived experience of participants (Dwyer & Buckle, 2009). Although there is no solution to the insider/outsider status binary in qualitative research, active participation in reflexivity by the researcher no matter their status is valuable to the research process (Dwyer & Buckle, 2009; Berger, 2015; Gair, 2012).

Recruitment and sampling

Participants were selected using purposive sampling to ensure that the participants had a range of practice settings and years of experience. Palinkas et al. (2015) state that purposive sampling techniques are widely used in qualitative research to ensure the richness of the study data. Additionally, I aim to include a diverse representation of voices and consider areas of practice in dietetics, location of education/ internship, years in the profession, and openness to discuss their dietetic journey. Upon receiving ethics approval at the end of June 2020, I recruited participants in early July. The following strategies were used for recruitment: 1) social media, including dietitian-focused Facebook groups and professional dietetic organizations social media, such as Twitter, LinkedIn and Instagram; 2) email introductions sent via my professional networks; 3) broadcasting the message by an email to the Listserv of Nutrition Connections' Newsletter in Canada; 4) reaching out to potential racialized members for whom I've had discussion on dietetic diversity in the past.

There was an outpour of interest in participating in my research from racialized dietitians across Canada, but I could not interview everyone who expressed an interest. A total of eight participants were selected from diverse racial categories outlined on the recruitment poster on a first come, first serve basis. In the overall pool of potential interviewees, I received a lot of interest from people with similar racial identities and work settings and chose to select the first

person to become a potential interviewee. Some did not follow up, and timing conflicts impacted the ability to capture a large extent of racial groups in their entirety. Those not selected for the study were notified through email. I completed all the interviews in July 2020.

Inclusion Criteria

The poster used for recruitment explicitly stated the inclusion criteria was for racialized dietitians licensed to practice in Canada. The categories I indicated on the recruitment poster included: Black/African Canadian, South Asian, Chinese, Filipino, Latin American, Arab, Southeast Asian, West Asian, Korean, Japanese, visible minority, person of colour, ethnic identity or multi-ethnic, multi-racial and ethnic identity, racialized, equity-seeking group (See Appendix # for recruitment poster). My use of these descriptors was to attract people from diverse racial groups.

Additionally, the interviews took place online using audio or video calls by phone. Having access to phone or internet communication was required, with an option to have any paperwork mailed to participants if needed. Lastly, I did not give any compensation to participants for participating in this research.

Exclusion Criteria

I devised two exclusion criteria for this study: 1) Firstly, only registered dietitians could participate in the study, which excluded interns and those in the process of attaining accreditation or retired/former members of the profession; 2) Secondly, Indigenous dietitians were not included, although Indigenous Peoples are non-white, they are not considered visible minorities under the Employment Equity Act³ (1995). This exclusion is primarily due to the unique

³ The Employment Equity Act ([1995](#)) defines visible minorities as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour"

challenges faced by Indigenous Peoples in Canada and the gap in data regarding the experience of Indigenous dietitians, which requires a whole study of its own. Additionally, no Indigenous identifying dietitians responded to my recruitment flyer. Although gender or sex was not specified in the inclusion criteria, some individuals self-identified in interviews while others did not.

Participants

A sample of eight racialized dietitians were interviewed in July 2020 with experience in various practice sectors, education levels, and racialized identities who work across Canada. The education levels of participants include the completion of a dietetics degree and internship to become a Registered Dietitian with some additional combinations of a degree(s) ranging from undergraduate to graduate degrees obtained in Alberta, Ontario, Quebec, and Nova Scotia. One participant is an internationally trained dietitian who secured licensure to practice in Canada upon relocation. Most participants are licensed in Central Canada, and the remaining two are in Western Canada (See Table 1). Additional context to the geography includes a mix of rural and urban representation. Participants' years of practice range from less than a year to 28 years. In total, 13% of participants (n= 1) have been practicing for more than 28 years, 50% (n= 4) have been practicing between 10 to 20 years, and 37% (n= 3) have been practicing for less than 10 years (See Table 1). The areas of practice for the dietitians include research, clinical, policy, administration, fitness, private practice, community, and hospital settings.

The participants' racial identity is a key feature of my research. All eight participants disclosed their racial identity in accordance with the recruitment criteria during email correspondence and during the interview. For the purposes of this study, racialized individuals include those who self-identify as a member of a racialized group/visible minority, and as bi-

racial/mixed. The Canadian Race Relations Foundation (2015) defines racialized as “the process through which groups come to be socially constructed as races, based on characteristics such as race, ethnicity, language, economics, religion, culture, or politics” (para. 5). Conceptualization of participants as racialized people differs than identifying people by their race or as non-white, because of the intersectionality within their identity beyond race and socio-political histories racialized (Gans, 2017). Therefore, this part of the data is aggregated and will not link racial identities to any geographic locations, years or areas of practices. The only racial identifiers shared in this study are in the vignettes (See Table 2 in Chapter 5) that provide an opportunity to understand how racial identities are depicted in dietetics.

Additionally, this study includes a small sample size that is optimal for a thorough identification of similarities and themes (Pietkiewicz & Smith, 2012). My initial aim was to recruit ten participants to take part in one, 60-minute interview. However, the increased length of interview times and in-depth knowledge shared prompted me to decide to reduce the number of interviews to eight. A discussion between myself and my thesis co-supervisor, Dr. Brady, took place regarding the timeline of the project, and the secondary trauma I was experiencing from conducting interviews where participants shared traumatic experiences.

Table 1: Demographic characteristics of study participants

Characteristic	Participants (n=8)
Geographic location of practice	
Alberta	2
Ontario	5
Quebec	1
Geographic location of dietetics education and training	
Ontario	3*
Quebec	4
Nova Scotia	1
International	1*
Years of practice as a licensed dietitian in Canada	

<1 year	1
<10 years	2
10 - 20 years	4
>20 years	1

**Participant completed studies internationally to become a dietitian and continued further studies in Ontario and transferred licence to practice in Canada, therefore counted twice.*

Data Collection

I conducted data collection via semi-structured interviews through video and phone with selected participants. The participants answered the initial email identifying their racial identity, years of practice as a dietitian, and area of practice and location in Canada. I evaluated their responses on a first come, first serve basis without only choosing participants that identified as the same racial identity. For instance, many participants identified as Chinese and I had to filter through responses to choose a participant based on area of practice and location, which were additional questions asked in screening to ensure representation from across Canada. Once applicants were selected an email with documents was sent and included a letter of information to review along with a consent form to sign before the interview. I also accepted oral consent when a consent form was not signed prior to the interview. Once a date, time and video/phone call preference were confirmed, an interview was booked. I opened the interview asking the participants if they had any questions and small talk to create comfort before asking for verbal consent to start the interview. I took field notes throughout the interview to jot down key points during the interview that I could ask further clarification and after the interview I wrote in a research journal to capture my insights and reflections about the interview, my affective responses, and emerging themes. Of the sample of eight participants, three interviews took place

over the phone, and five with video calls. This variety was necessary because the participants are located across the country.

The interviews spanned from 90 to 120 minutes and were guided by nine open-ended questions and accompanying probing questions. The allocated time was initially set at 60 minutes; however, individuals opened up and consented to participate longer. Additionally, participants choose to speak longer pre-and post-interview with “off the record” comments shared exclusively to the researcher. As a researcher, I gained insights from our conversation beyond the recorded interview, but I did not include any descriptors or identifiers shared off the record with me. Instead, I reflected on my feelings and how my positionality made participants open to disclosing sensitive data without naming the information directly. Participants on video calls presented an opportunity for me to observe body language. However, all interviews were not video recorded, and only audio-recorded using an USB recorder. To ensure the security and privacy of the recordings, I uploaded all the audio files and transcripts to my MSVU OneDrive account under the corresponding participant number replacing specific indicators such as names and locations with general descriptions.

Data Analysis

Thematic analysis is used in qualitative research to analyze, identify, and make sense of patterns from data (Braun & Clarke, 2019; Pietkiewicz, & Smith, 2012). Thematic analysis has the potential to divide into multiple approaches which can be data or theory driven, illustrate explicit or implicit meanings in the coding and theme development process (Braun & Clarke, 2019). Additionally, the application of thematic analysis approach is used to analyze the data rather than gather data, which has already been completed through IPA methodology (Braun & Clarke, 2019; Braun & Clarke, 2021). I chose thematic analysis for its versatility in analysis and

flexibility to use a variety of methods such as codebook and reflexive approaches. This is exhibited through Braun and Clarke's (2019) multi-step process of thematic analysis that uncovers patterns and themes from raw qualitative data (Maguire & Delahunt, 2017). Braun and Clarke's (2019) six-phase process for doing a thematic analysis includes: 1) becoming familiar with the data; 2) generating codes; 3) formulating themes ;4) reviewing themes; 5) defining themes, and 6) preparing the final write-up.

The audio file recordings from the data collection stage were transcribed for data analysis. In qualitative research, MAXQDA software is a popular choice among qualitative researchers due to its ability to manage data and conduct thematic analysis (Brhel, Meth, Maedche & Werder, 2015). I transcribed each audio-recording verbatim software took place from July to October 2020 on MAXQDA software. To provide further context to the text, I also made notes on silent pauses, emotional responses such as laughing, crying and yelling to convey the feelings associated with the participants words as I heard them on the audio files (Braun & Clarke, 2019). Each transcript was labeled under aliases such as "Participant 1", corresponding to the interview number. To ensure privacy and anonymity of the participants, I replaced specific descriptors such as names and locations with general descriptors in each transcript. The un-edited details were known only to myself, and the blinded excerpts were shared with my co-thesis supervisors during the analysis stage.

Six Step Thematic Analysis Process

In phase one of thematic analysis, which is becoming familiar with the data, I reviewed all eight transcripts, to ensure they are correctly transcribed with an overview of all the available data (Braun & Clarke, 2019). In the initial read-through, I made the sure entirety of the interview was true to the recording, noting the emotions are reflected in parentheses. I also reviewed my

researcher notes taken during the interview process to be understand the context and any standout points to review in the transcripts (Smith & Osborn, 2007). Overall, I examined all the transcripts at this stage to become familiar with each participant's story and how they construe the meanings and experiences surrounding their identity for future analysis (Smith & Osborn, 2008; Harper & Thompson, 2011; Attride-Stirling, 2001).

Phase two of Braun and Clarke's 6-step thematic coding process requires using MAXQDA software to generate codes to understand participants' views, opinions, and experiences of their dietetics journey corresponding to the research objective. In accordance with IPA, open coding and deep interpretation took place as all interviews were coded, re-read, and reviewed for similarities and differences (Miller, Chan & Farmer, 2018). I generated codes, created grouping of codes and formulated themes conceptualizing the participants' beliefs, assumptions, and worldview of events (Maguire & Delahunt, 2017; Braun & Clarke, 2019). Through the as multiple passes of the data, I completed four re-reads of the transcript to become familiar with the themes emerging from the raw data (Smith & Osborn, 2007; Brhel, Meth, Maedche & Werder, 2015). During this process, Additionally, new memos were included in the notes section of the MAXQDA software to reflect on any new ideas or thoughts relevant for further analysis.

Phases three to five of Braun and Clarke's 6-phase process focuses on formulating, reviewing, and defining the themes. I undertook a lengthy process in reviewing codes from all eight interviews were scanned and grouped into likely patterns (Maguire & Delahunt, 2017; Braun & Clarke, 2019). Stepping outside of Braun and Clarke's (2019) Six-phase process but still aligned with thematic analysis approaches, I created a codebook to organize codes and emerging themes related back to the research objective and questions of the study (Mihás & Odum Institute, 2019). A review of themes between the myself and thesis advisors helped

modify the description and scope of themes. The themes reflecting the research objectives and questions were included for further review. This leads into last step in completing the thematic analysis according to Braun and Clark's 6-phase process is the final write-up (Braun & Clarke, 2019).

Counter-storytelling with Vignettes

As a researcher, I use my training and judgment to derive the themes and describe key findings and conclusion from the thematic analysis (Maguire & Delahunt, 2017; Pietkiewicz & Smith, 2012). IPA methodologies gather rich data and thematic analysis can extract rich findings from the qualitative research at the analysis stage (Pietkiewicz, & Smith, 2012; Braun & Clarke, 2021). Vignettes are regularly used in qualitative research to showcase analyzed data derived from Braun and Clarke's (2019) thematic analysis. Sampson and Johannessen (2020) describe the versatility of vignettes to engage in sensitive subject matter by creating "real-life" experiences from the participants' stories and researcher's notes that can also be anonymized for confidentiality. In relation to my study, data derived from the interviews into codes and themes helps create the premise of the counter-stories which are displayed as vignettes.

Due to the sensitive information shared in my study from a relatively small group within a small profession requires additional attention to protect the identity of participants. Dietetics research by MacLellan, Lordly, Gingras, and Brady (2014) have previously used vignettes to showcase stories of individuals becoming dietitians. The completed thematic analysis aids in the creation of counter-stories of the dietetic profession, centralizing the voices of racialized dietitians accompanying the CRT tenets from the theoretical framework (DeCuir & Dixon, 2004; Ladson-Billings, 1998; McCoy, 2006; Hiraldo, 2010, p.54; Attride-Stirling, 2001). In the

case of this study, the amalgamation themes, quotes and nuanced experiences from the eight interviews were used to create four vignettes that serve as counter-stories in the next chapter.

Vignettes present an opportunity to turn rich and sensitive data into accessible stories for data dissemination. The eight participants provided quotes, event examples and feelings that accompanied them in their dietetic journey as racialized dietitians. The IPA-derived data were combined with CRT to extract and isolate instances where race and racism occurred and these were developed into vignettes as counter-stories (Pietkiewicz & Smith, 2012; Solórzano & Yosso, 2002; Sampson & Johannessen, 2020).

Reflexivity and Subjectivity in the Research

In the interview guide, I included an introductory paragraph outlining my dietetic journey and invited participants to inquire about the researcher's positionality. I chose to disclose a microaggression in the introduction to connect with participants to understand why I am doing this research due to my lived experience. Establishing my positionality and sharing any questions about where I grew up, my family and education throughout the interviews helped with probing questions from an insider perspective. For example, having familiarity with immigrant families allowed me to understand the stories participants shared as an insider and from their own worldview as a child of immigrants (Berger, 2015; Hyman, 2009). I was attentive in negotiating how much I spoke and if I needed to fill silence with side tangents or bring back the interviewee to the topic. Acknowledging participants' vulnerability answering difficult questions and reiterating my position and ethical protocols to ensure their safety after disclosing sensitive information was a critical in my reflexive practices as a researcher.

Practicing journaling throughout the interview stage and writing memos that reflected my personal views and interactions with participants during the transcription process made me aware

of the secondary-trauma I faced as a researcher. Williamson et al. (2020) describe secondary trauma as an infliction of emotional pain from indirect exposure that can last for long periods of time. Since my first interview in July 2020 through December of the same year I was heavily drowning in vicarious trauma, burnout and compassion fatigue from the stories I've heard from participants. Seeking counselling and stepping away from the thesis in January 2021 for a few months was a decision I made in consultation with my thesis supervisor. Qualitative methodology recognizes that the subjectivity of the researcher is intimately connected to the research and by practicing reflexivity I bring transparency to the research process and findings.

Off the Record Comments

A substantial amount of nuanced conversation took place off the record with participants. Forrester (2010) explains two types of off-the-record comments encountered in qualitative research: statements made during the interview in which the participant requests redaction of information and when the recording device is off. In my case, I was privy to off-the-record comments before and after the interviews. In these situations, disclosing details was subject to the participant's comfort. I respected the responses they wished to provide at the interview without putting additional pressure (Forrester, 2010).

Participants one, two and six shared different reasons for not disclosing additional information. Participant one wanted to avoid naming certain professionals they worked with showing up in the transcript, and I clarified that redactions of names and locations would follow the ethics protocol of this study. I observed visual and verbal relief expressed by the participants as we continued the recorded conversation. I listened to them being open in stating situations and engaging more as we reached the end of the interview. For example, participant two made a

direct point before the recording. In between, they had something to discuss off the record, and I have kept that confidential as per their request. In comparison, participant six explained that past events left them feeling stifled in the profession for saying things to people in positions of power. Hence, their heightened guard on how much information they wish to disclose during the interview. Furthermore, another colleague outside the profession warned them not to disclose information to protect their livelihood in dietetics. Therefore, off the record, comments must be treated case-by-case. As the researcher, I judged how to include or exclude the contents as they relate to the research study objectives.

As a researcher studying in the same field as my research, it is crucial for me to practice reflexivity in understanding my positionality. In Chapter four, I had disclosed my status as both an insider and outsider in the field of dietetics as a racialized dietetic student, researcher, and activist. Being an activist in the dietetics field has given me access to conversations from members of the dietetics community that are indirectly related to my research topic on racialized dietitian experiences. Members of the dietetic community have expressed curiosity about my research, including its methodology, participants, and why I am interested in the topic. These conversations and posts have been shared publicly on social media or in presentations to organizations on racism and representation in dietetics. I have concerned and journaled about how my positionality affects my research findings with my thesis advisors and committee members. As a result, I have received opinions from the dietetics community worldwide, including Canada, USA, UK, and Australia. These discussions highlight the need for in-depth conversations on the issues that need to be addressed in the dietetic profession.

Researcher-Researched Relation

Expanding from off-the-record comments, the participants' views of myself, the researcher, were explicitly shared on the record. Råheim et al. (2016) examine the reflexive self-awareness by researchers on power dynamics, knowledge sharing and vulnerability of researcher-researched relationships in qualitative research. Researchers often indicate their position of power in the study. I controlled the research agenda with the questions and space for participants to answer the in-depth interview format voluntarily. Råheim et al. (2016) state that in-depth interviews can become a vulnerable space for knowledge sharing for both the participants and the researcher. Due to the IPA methodology, vulnerability emerges in the design. It requires the researcher to enter the life world created by the participant while making sense of their lived experience as the researcher (Berger, 2015). By walking in someone else's shoes, the researcher and participant may unintentionally gain access to emotional sensitivity based on the level of trust to disclose information. Judgment on how well the researcher-researched relation is maintained reflects the quotes shared by the participants in Appendix F and, such as the excerpt by participant four below:

I'm excited for it and I do have to say I'm very proud and very impressed that you have taken this on, because I don't think, [AH HAHA] anyone would have the balls to do this, right because there's that [white] fragility right ...I am [one] very impressed and very proud that you're doing this and [two] I got to be a part of this!

Ethical Considerations

An ethics application was submitted upon completion of the thesis proposal presentation in June 2020, and the Mount Saint Vincent University Research Ethics Board cleared this research study. The following precautions were taken to ensure confidentiality and minimize any

potential risks for participants. A consent form and letter of information were prepared to inform participants of the study's intent and allowed them the right to join the study voluntarily by signing the consent form and giving verbal consent during the start of the interview. As outlined in the consent form and letter of information, participants had the right to share only the information they wished to disclose in the interview. Participants could skip questions or withdraw if they no longer felt comfortable participating. To ensure the security of the recordings, I uploaded files to my laptop with VeraCrypt software encrypted with password protection (IDRIX, 2018). Access to all the data is limited to me, and redacted information is available to advisors. Data will be kept for five years after completion of the study, at which time all digital copies of the data will be permanently deleted, and no hard copies will be made following the conservation period.

I faced the ethical challenges of recruiting folks from a relatively small group within a small profession. For instance, two of the eight participants were in my professional network and were specifically asked if they wished to proceed with a dual relationship in the interviews. They both decided to be a part of the study because they wanted to help share their perspectives and having known me made it comfortable to share. The participants' identities and interview data were kept confidential and safely stored. I stored all data on password-protected applications, such as the MSVU OneDrive and my computer.

As a researcher, memos, field notes and journaling were critical in reflecting on my bias and assumptions with these two participants considering the dual relationship. From the discussion, neither had openly had in-depth discussions like this before, despite our prior interactions, and I never knew the extent to which their identity fully impacted their dietetic journey. Subsequently,

due to how small dietetics is as a profession in Canada and how few racialized dietitians there are, I was familiar with all the participants through social media and virtual connections.

The next two chapters focus on the analysis of the data and the findings of this study. Along with analysis of the responses to the research questions, quotes and vignettes are used to illustrate the themes for each finding.

Chapter 5: Findings

This study's main objective is to explore racialized dietitians' experiences in Canada of being and becoming a dietitian. It is also the first known study to center the voices and experiences of racialized dietitians in understanding race and racism within the profession. There remains a void in national race-based data and insight into diverse populations in dietetics compared to the dietetics profession in America, where quantity and population are proportionally more significant than in Canada. However, racial disparities impacting racialized communities remain similar to historical segregation, immigration, and racism within the North American context. The findings can contribute to understanding race and racism in dietetics education, training, and practice.

In this chapter, I will address the participants' perceptions of their racialized identities throughout their dietetic journeys and how their perceived race/racism has informed their dietetics education and practice with an analysis of the findings. Additionally, this section expands the results in various ways and correspondence from IPA methodology and CRT framework. Informed by IPA, the three main themes emerged from the research: 1) whiteness in dietetics; 2) racial position in dietetics; and 3) racialized bodies. The three themes were derived from the interview transcripts and literature review focused on the experiences of racialized dietitians. Furthermore, counter-storytelling methods create three vignettes reflecting the themes and answering research questions one and two of the study. The depictions of a classroom, internship, and workplace scenario mirrored an amalgamation of events shared through the interviews and reflexive experience of the researcher.

Three Main Themes

Whiteness in dietetics

I identified the theme, whiteness in dietetics, in all eight interviews as a constant underlying reality in the dietetics field. The crux of this theme describes how whiteness impacts individuals that are not white in dietetics and connects back to the primary research objective, which is to explore the experiences of racialized dietitians in their dietetics education, training, and professional lives. The over-representation of white dietitians and dietetic students at various stages in the participants' dietetic journey is noteworthy in demographic data collected by Caswell et al. (2021), Dietitians of Canada (2021), Riediger et al. (2018), Siswanto et al. (2015) and Brady et al. (2012) over the past ten years. Similarly, in our society, Sue (2006) notes that “whiteness is a default standard” of comparison to racialized groups in which silence protects and hides racism in the background (p. 15). Being white is not a problem; however, the invisible privilege ascribed to the identity and the undertone of white supremacy that benefits white people from its existence is highly problematic (Sue, 2006; McIntosh, 1988; Ansley, 1997). Subsequently, the over-representation of white individuals in dietetics has control over how the profession conducts itself in terms of education, training, professionalization, and perceiving, involving and/or excluding racialized individuals into the profession (Warren, 2019; White, 2013).

Furthermore, this theme centres on how whiteness is a central part of dietetics and seeks to understand how white privilege and supremacy continue to benefit white individuals in the profession at the expense of racialized dietitians. Literature from the American dietetics field suggests racial disparities exist among racial groups entering and navigating the dietetics profession (Burt et al., 2018; Stein, 2012). The dominant discourse is guided and led by white

dietitians, particularly white women, which introduces a racial and gender dynamic governing the profession (White, 2013; Seher, 2018; Warren, 2017; Ferozali, 2021). Furthermore, an analysis by Seher (2018) explores Dorothy Smith's (1987) concept of how boss text governs and regulates the scope of dietetics knowledge. This theme also considers how underlying gender norms, race and classism contribute to the femininized professional image of dietetics (Seher, 2018; Hayes-Conroy & Hayes-Conroy, 2013; Brady, 2018). In combination, the theme whiteness in dietetics encompasses femininity, racism, and classism to provide a unique angle on the standards brought forth by white dietitians into how dietetics practice is governed and maintained. This is not only put on racialized dietitian but also white dietitians to abide by within the dominant dietetic discourse.

Racialized dietitians' personal and lived experiences reveal feelings, behaviours, and events that uncover how the profession upholds white or Eurocentric power dynamics. Quotes informing whiteness in dietetics theme come from participants two and three. Participant two said "just because the majority of dietitians are white so they're not going to be concerned about why there's not enough diversity [LAUGHS]" (Interview#2, Pos. 59). In relation to the theme whiteness in dietetics, participant two was frank in explaining that if you see yourself in the majority, in the case of dietetics, being white, questioning the over-representation of white people means there is an inherent under-representation of racialized people that equate to this reality. Participant three shared the when "we need to add cultural competency to dietetics education, it will end up being like a course with a white professor just like talking about you know tokenizing cultures" (Interview #3, Pos. 87). In context to dietetics education, participant three expressed the power of white dietetic educators to make diversity a check box rather than an intricate learning experience that explores cultural competency education can offer. Both

quotes underscore the power dynamics of whiteness to control the dietetic discourse without needing further legitimization to exist.

Racial Position in Dietetics

The theme racial position in dietetics examines how the placement of racialized dietitians' impacts how they see themselves and navigate the profession. The first part of the theme explores how underlining racial power dynamics and hierarchy of identity in society impacts the treatment of racialized people (Zou & Cheryan, 2017). Positionality can impact the inclusions and exclusion of racialized dietitians in the profession. Expanding on intersectionality mentioned in chapter two, positionality informs how individuals navigate and experience their social world based on their intersectional identities (Anthias, 2008). An individual's intersectional identity (race, ethnicity, age, gender, sex, income, class, and so on) impacts how they are perceived and treated in dietetics. This theme moves beyond naming whiteness in dietetics and instead focuses on how racial identity and position influences the dietetic journey of each racialized dietitian in Canada. In relation to the study objective, the intent to focus on the process of racialization is so the group of people can be defined and understood by their race (University of Winnipeg, 2022). This subsequently can change the context individuals see themselves in with relation to their racial identity.

A quote by participant one captures the theme as they share their experience pursuing higher education. As a racialized intern, "It was rough...because ... [tears and trembling voice] ...people ...they said things like "you only got in because they had to meet a quota" ... but I ignored all of that because I had to stay focused... (Interview#1, Pos. 84). In this instance, participant one's visible identity as a racialized dietetics student is called out to be little their existence in dietetics. Previously cited literature on racism in Canada in chapter two and CRT in

chapter three shed light on how racism influences racialized people to navigate social and professional spaces. For instance, in higher education settings, racialized professionals may experience “colour-coded power relations” where their identity is used as a reminder on their role to support students and conduct research (Henry et al., 2017, p. 312). Additionally, participant one continues to recall the incident as they progressed through their studies.

I remember coming home and telling my husband and my mom, I can't do this, I should be a house cleaner, because of the stress, the tension, the obstacles people would put in your way! It wasn't just doing the [type of graduate program] ... I had great supports, good friends but then there were other people who were jealous, I don't even want to say jealous because I'm not sure because ...but... the way that they treated me was not nice...[pause]... (Interview#1, Pos. 97)

Unwelcome judgment into dietetics can heighten the impact of imposter syndrome especially among BIPOC individuals (Ahmed et al., 2020). The term impostor syndrome is used to explain the belief that one feels like a fraud with their academic or professional success is not credited to their merit but rather external factors (Imes & Clance, 1984). Although the original term is based on studies around high achieving women feeling like frauds, recent studies on race by Bernard et al. (2018) found that “racial discrimination predicted higher subsequent levels of impostor syndrome” (p. 51). Both quotes showcase the emotionally impact of racial discrimination participant one faced as a racialized student pursuing internship and higher education.

Racial hierarchy continues to be a way for white individuals to assert superiority and discredit racialized individuals' position as dietitians in professional settings. In one instance,

participant two was presenting and attending a professional development event where a dietitian said to participant two,

“when are we going to fill and restock the coffee?” and I said, “what do you mean?”, She's like “well...you should be doing this work”, I'm like “No, I'm a dietitian”, I'm wearing my name badge on my chest and I was not in a hotel worker uniform... what she said to me that a day, was very clear , she did not want me the profession... She said, “You don't look like a dietitian”, turned her nose up and walked away... I told people about it...they gaslight me...they didn't think it was anything to do with racism

(Interview#2, Pos. 96)

Others invalidating participant two's experience due to their intersectional identity showcases the invisible hierarchy in dietetics. Dietetics literature from chapter two and online discussion among dietitians examines how the lack of racial diversity steers the direction of the profession. For example, invisibility is apparent when issues related to race and racism cannot be named, such as the absence of national race-based demographic data in Canadian dietetics (Dietitians of Canada, 2011). In connection to CRT, neoliberalism and colorblindness suppress any attention to readdress race and racism in a predominately white profession such as dietetics (DeCuir & Dixon, 2004; White, 2013). In the social context of dietetics, the dismissal of race and racism perpetuates the problem of control, as mentioned in whiteness in the dietetics theme. Racialized dietitians endure this struggle, and as participant two goes on to share that,

“Because the majority of dietitians are white so they're not going to be concerned about why there's not enough diversity [laughs] and you can just look at my [social media post]. Whenever I post something that helps, look at the amount of attention and praise... but

the moment I'm critical of anything I've lost my value as a person of colour”

(Interview#2, Pos. 58-59).

Racial identity informs the position that dietitians are incorporated or excluded in the dietetics profession. Participants reflected on how racial tensions impact how they find and make their position in the profession. Additional insights from this theme explore the second research question on how racialized dietitians perceive their race/racism in informing their dietetics experiences. The quotes draw attention to the belittling racialized dietitians have endured in dietetics education, training, and professional development settings. Therefore, to understand racialized dietitians' experiences in Canada, naming the dynamics of racial position in dietetics is critical.

Racialized Bodies

The theme of racialized bodies focuses on treating individuals based on body perceptions, including their own perceptions in personal and professional settings. As health professionals, dietitians' attention to diets leads to focus on body shapes and weight (Bessey & Brady, 2021; Bessey & Lordly, 2019). For instance, participant five recalls a memory around how privilege and weight show up in interactions with clients in dietetics:

People would look at dietitians ... a lot of us were unhealthy weights or healthy BMI a lot of our clients would say “Oh well look at you”, right it must be easy for you to be a specific be alive right and that to me came out a lot ...I would get that occasionally two you're so skinny or so little, but not anymore but ... people would say oh it must be easy for you right it's not easy for me and you know that makes you think about your privilege at that time there ... I'm lucky enough to be able to afford food and an education that's

talking about the difference in foods that I that I'm eating in their effect on my physiology this person does not have that same privilege so you kind of have to say or understand that not everyone's come from that same privilege background (Interview#5, Pos. 104)

Literature in the dietetics sphere explores how dietitians perceive and address fatphobia, weight stigma and eating disorders within the profession from various standpoints (Bessey et al., 2021; Korinth et al., 2010; Nutter et al., 2016). Opposing standpoints on weight between the science and social science fields have practitioners divided on what approach is the best practice. Discussions on weight-inclusive versus weight-normative are curated differently in groups, including Obesity Canada, The Association for Size Diversity and Health (ASDAH), and Weight-Inclusive Dietitians in Canada. In discussion with participants, in more than half the interviews participants shared their position on how they apply or do not apply weight approaches.

In one instance, a racialized dietitian shares, “since I have shifted toward a more. Like, inclusive weight practice and also and also have become more aware of social justice, I would say, like for the past, like three or four years” (Interview #3, Pos. 47). Research by Nutter et al. (2016) compliments participant three’s quote by emphasizing the importance of discussing weight bias as a social justice issue. Addressing weight bias and working towards weight-inclusive practice means addressing social inequities that may impact access to healthcare services, such as gender, race, socio-economic status, and sexual orientation (Nutter et al., 2016, pp. 6-7). Additional insights from a research study found that the relationship between racial discrimination among people with a higher Body Mass Index (BMI) is increasing in the United States (Gee et al., 2008, p.493). This further illustrates the social inequality faced by those who are in racialized bodies of various sizes.

However, discussion around the intersections of racism and weight remain areas that require further review (Cahill, 2020; Ng & Wai, 2021; Brady et al., 2019). The implications in dietetic practice may result in lack of cultural understanding and difference in positionality when it comes on weight and body discussions among practitioners and patients. In participants three and four's interviews, understanding how clients view the overlap of weight, culture and race is explored. To illustrate, participant three reflects on their personal experience with non-Western cultural views on weight:

So talking about, like the intersections between like race and weight and, like I think it's so complicated because at this point in our history it's so hard to disentangle, like what is coming from white supremacy and what isn't ... because like when I think of like race and weight ...I think there are going to be folks out there who would argue that white people are less fatphobic than, like their racialized family members ... even if I use my family as an example like even, I have memories of myself, like fat shaming my sister growing up I remember [using a] pejorative term and ...and so and so, like in when I think of maybe [racial identifier] culture ...culture in general, like and maybe lots of even [racial identifier] cultures (Interview #3, Pos. 100)

Discussions on weight with patients differs across cultures for dietitians. Participant four shared an example of navigating with clients who experience a cultural shift moving to Canada:

Coming from there to here, I understand the changes of lifestyle, a lot of clients that come in [say] "I gained so much weight." Yeah, because your lifestyle is so much different here! There [home country], you don't have that food, there you had FRESH vegetables and meat and all of that you can go to and you were active and when you move to America, we have a lazy lifestyle! So, we are looking for that convivence, how do I cook

really fast, how do I get this done really fast and this and —you know! It's a completely different lifestyle and being able to explain that to them, they tend to understand, whereas someone who has been here their whole life.... they don't. So it's hard- so I think being able to explain that to people...changes your dynamics with them....[pause]...

(Interview#4, Pos. 161)

At a Dietitians of Canada conference, Kasten (2018) attributed weight bias as an intersection for homophobia, racism and misogyny to which dietitians play a major role in how the dietitians tackle stigmatizing topics to promote health. Other intersections were previously mentioned in research by Nutter et al. (2016) with further insight by Pearl et al. (2018) notes the intertwining of racism and weight discrimination where participants who reported experiencing weight discrimination (28.7%), nearly 60% also report experiencing racial discrimination (p. 140). Contrary to discrimination, race and weight privilege exists to counteract this situation where participant eight shares how their racial identity serves as a form of privilege that other members from similar racialized groups may not experience:

[I am a] Woman with colourist privilege, and my racial ambiguity definitely give me privileges that people who look clearly Black don't have, I'm sure. I was very privileged socially [and] economically growing [up] (Interview #8, Pos. 38)

In contrast to accepting and implementing the dominant weight inclusive approaches, the recent controversy involving ASDAH (2022) questions who holds power in fat liberation by Marquisele Mercedes (2022). The controversy brought forth scrutiny on Lindo Bacon, a white leader in the HAES movement that was accused of causing harm to racialized communities and embedding whiteness into weight inclusive education (ASDAH, 2022; Mercedes, 2022). Ahead

of the controversy, participant two is not a fan of HAES and with the recent attention on the underlying white supremacy surrounding the so-called weight inclusive approach:

Do you realize how many of my clients are dietitians, that are Health at Every Size dietitians that work with me for weight loss, that is the hypocrisy of how bad his profession is because these dietitians are not Health at Every Size dietitians, these are dietitians bullied into practicing that way.... the profession.... You hear a lot of people in this profession saying, " we need unification", I am so against unification because unification is the systemic racism that we're dealing with right now. We need diversity not unification! (Interview#2, Pos. 105)

Ultimately, racial identity, coupled with body and weight perceptions of individuals plays a critical role in not only understanding the experiences of racialized dietitians on becoming dietitians but also embrace on understanding what changes need to happen to inform anti-racism in the profession to answer the first and third research questions. All the quotes emphasize the multiple layers of intersectionality that need unpacking to better understand racialized bodies.

Counter-storytelling through vignettes

The vignettes illustrate the three main themes and the sub-themes that conceptualize the interview findings and depict the experiences of racialized dietitians in Canada. Respecting and safeguarding the racial identity of a relatively small group within a small profession is another reason I use vignettes. Unlike how an individual interview in its entirety may identify the participant, the vignettes are an amalgamation of direct quotes from several participants, such that no single voice is privileged over another. Vignettes also provide a canvas to create counter-stories set out by the CRT framework in chapters three and four. Each of the three main themes

corresponds with each vignette with some additional context from all themes embedded. Additionally, quotes and nuanced experiences from the eight interviews inform the three vignettes, which take place in three pivotal settings in becoming and being a dietitian: the classroom, internship placement and workplace.

The participants' racial identities and professional expertise have inspired three vignette characters (Refer to Tables 1 and 2). The first vignette, entitled *cultural competency and diversity: who's missing the (class) mark?*, portrays a classroom situation where Sacha confronts whiteness in dietetics themes. The second vignette is called *more than a checkbox: who's the "best fit" intern?* and as the name suggests, showcases Vesper's first-hand account of racial position in dietetics as a dietetic intern. The third vignette is titled *everybody is not welcome: Is weight intersectional?* where Ziv explores the racialized bodies theme as a private practice dietitian. To the best of my knowledge, these three pseudonyms do not associate with anyone in the Canadian dietetics field. I chose them randomly, along with other characters mentioned in the vignettes, from a gender-neutral/unisex list of names I found online (Hildreth, 2022). Moreover, gender-neutral pronouns they/them are used deliberately. Additionally, the portrayal of these three vignettes also includes information from my own experience as a racialized dietitian that I shared with the participants in the interviews and my lived experience in the dietetics field as an activist.

Table 2: Biosketch of the three vignette characters

Character Name	Bio
Sacha	Sacha is a second-generation Canadian living with their immigrant Caribbean parents in an urban Central Canada city. They are a third-year student in the nutrition program located in a downtown university.
Vesper	Vesper is an immigrant of Asian descent who moved to the East Coast in their late teens to pursue studies in Canada. They have completed a

	business degree before pursuing a second degree in nutrition at the same university. They are currently a dietetic intern in their final year of study.
Ziv	Ziv self-identities as a multi-racial dietitian with a West Coast private practice focused on weight loss, including pro-bono services to ensure under-represented groups have access to support with someone who shares their identity.

Vignette 1

Cultural competency and Diversity: Who's missing the (class) mark?

Sacha is a second-generation Canadian living with their immigrant Caribbean parents in urban Central Canada city. They are a third-year student in the nutrition program located in a downtown university. In the morning, the alarm rings, and the chaos begins for Sacha on deciding what to wear to class. They try to do their best by finding something to wear that looks similar to what the rest of the students wear in in their program. Walking down the stairs, in a button-up shirt, dress pants, straightened hair and large purse in hand, Sacha's mom starts off the daily questioning:

SACHA'S MOM: *Why did you straighten out your hair like that, Sacha?*

SACHA: *Mom! I told you it looked nappy, and I want it to just be down like everyone else's hair and not frizzy.*

SACHA'S MOM: *Okay, but what does that have to do with class? You study science, do you need to put it up for lab or something? There are people of colour in science, Sacha.*

SACHA: *Ughhhh... You just don't get it! It's about dietetics mom...I am the only Black person and it's hard enough for people to pronounce my name but look at my hair and clothes. They are judging me, not my work, mom!*

SACHA'S MOM: *Hun, it's hard everywhere. Put your head down and don't let them get to you. Plus, today's the cultural food course, that should be fun!*

SACHA: *It should be ok. [Sigh] I'll tell you about it when I come home, ok?*

On the bus ride, Sacha thinks to herself:

This class will be a National Geographic episode with everyone discovering food and thinking it's so foreign. I hope they don't put me in a Caribbean or African cuisine group. I can't handle the stereotypes from my classmates on such a personal level.

As Sacha walks into class, they see Professor X sorting people into groups for the project.

Sacha quickly sits at a table, fluttering their eyes in stress, feeling a bit nervous. Professor X approaches them and says:

PROFESSOR X: *Sasha, you will be in the Ethiopian group for the cultural foods project.*

SACHA: *Um...ok...*

[UNDER THEIR BREATH]

It's Sacha but whatever!?

Taking a deep breath, so-called 'Sasha' makes their way to their group table, where they are one of two racialized members in a group of five. One member is quick to jump into an idea and says:

GROUP MEMBER: *Oh, we should show a clip from the Simpson's where they are afraid to eat Ethiopian food! [MEMBERS GIGGLE, EXCEPT SACHA]*

SACHA: *[THINKING] Oh brother, this is going to be a headache of a project!*

PROFESSOR X: *Attention everyone. I hope you are with your assigned groups as I describe the project. I know there's a lot of food in the world and we have some people in class that have lived experience to share.*

Professor X makes direct eye contact with Sacha and a few other racialized students

while making Sacha feel uncomfortable in their skin and questioning their presence:

SACHA: *[THINKING] Why are they looking at me? Because I'm different? This is going to be a long class. [SIGH]*

PROFESSOR X: *We will be planning a luncheon by combining health conditions and cultural cuisine, like Group 1 is doing heart-health and Thai, Group 2 is cancer-prevention and Japanese, Group 3 is IBS and Ethiopian ...*

As Professor X continued to read through the list of randomly selected cultural cuisines and health conditions, Sacha, in frustration, squeezes their hand into a fist and draws their eyebrows together in anger:

Are they kidding me? This is so stupid! Here are all the cultures you can study, you pick one, your groups and that's the whole course. That is 100% bullshit! That's a white supremacy stance, that's...the exact same...re-writing cultural history from a white person's perspective and the whole course!? ... Oh, I know what Ethiopian food is now. That's absolute horseshit!

As Sacha sits in anger, Xen the other racialized student taps Sacha's shoulder and whispers in their ear, *Are you ok?* Sacha widens their eyes and jolts in their chair, *yes, I'm good, thanks!* And just like that, the class concludes. Sacha sighs in relief, picking up their purse and putting their headphones on to listen to a podcast for the commute. They play the "Dietary Equity & Inclusion episode of the Race, Health and Happiness" podcast, where Dr. Onye Nnorom interviews Tameika Shaw and Gurneet Dhami. The dietitian recommends that Dr. Onye Nnorom's father eat sandwiches instead of cultural foods because of his diabetes...*don't listen to the dietitians! They nearly killed him.* Hearing Dr. Onye Nnorom speak in a Nigerian accent while discussing how her community talked about the dietitian made Sacha laugh at the bus stop. Sacha thinks:

If this is how people laugh at dietitians' insight into cultural competency, imagine how much diversity is missing in the profession?

Vignette 2

More than a Checkbox: Who's the "best fit" intern?

Vesper is an immigrant of Asian descent who moved to the East Coast in their late teens to pursue studies in Canada. After completing high school, they graduated from a business degree until they took a nutrition elective that changed their career trajectory. The nutrition elective led them to the university's nutrition department, a combined undergraduate program

with a dietetic internship. In the first round of applications, Vesper successfully obtained an internship and became the only racialized intern among the 5 interns chosen for a long-term care placement. Although they are not yet a Canadian citizen, they are a permanent resident in Canada, allowing them to secure some bursary funding although not enough to cover the internship expenses. Upon receiving advice from a mentor, Vesper has kept a part-time job a secret from their preceptors to pay for internship expenses. This is a hidden source of financial support and would otherwise call for review on their capacity to take on an internship role. All the interns gather at the long-term care home to present their food service reports. The preceptor opens the floor to the presentation and says:

PRECEPTOR: *How about we start with Vesper!*

OTHER INETRNS: [WHISPER] *Oh them...good luck understanding what they say, haha!*

Words like this have become a regular occurrence among the interns, which Vesper tries to ignore over the past two months by putting their head down. As Vesper slowly walks up to the podium and uploads their slides, they glance at the group of interns:

VESPER: *[THINKING] Only one more week and I don't have to hear them say those comments after I get my temporary licence. You got this! [CLEARS THROAT] Good morning. I will be sharing my menu plan for the immigrant seniors as my final project. I hope you can understand me. Just let me know to slow down...*

PRECEPTOR: *You're speaking fine Vesper, no need to worry, please go right ahead.*

Vesper goes through the entire presentation with confidence and smiles. The other interns watch with little to no reaction and do not offer any feedback or comments. Vesper licks their lips and begins to think what the other interns thought, still wanting to impress them deep inside.

PRECEPTOR: *Lovely! Thanks for sharing the cultural perspective, Vesper. We have been missing that angle and glad you could connect with the patients.*

VESPER: *Thank you, it was nice speaking my language with the staff and seniors.*

PRECEPTOR: *Great, next we have Kendall up.*

OTHER INTERNS: *Go Kendall!*

As all the other interns cheer for Kendall, Vesper sits a few seats away from them and listens. Kendall presents on diet textures and provides a sample menu missing cultural options for the predominately Asian residents at the long-term care home.

PRECEPTOR: *Nice work Kendall, I had a few questions about your financial budget and why there wasn't cultural integration with items such as white rice.*

KENDALL: *Um, yes, so I didn't add a budget assuming it was orders in-house and well, white rice is unhealthy so that's why I left that out...*

PRECEPTOR: *Well, I like to see those numbers and we need to consider cultural competency like it says in the ICDEP competency log for me to sign off. Maybe you could chat with Vesper, who had a lot of insight into these topics.*

KENDALL: *Sure, I'll get back to you with the revisions...[sigh].*

Vesper feels tense, knowing their presentation has set them apart, which only creates more stress. As everyone goes to the lunchroom, the seat left for Vesper is beside Kendall. Vesper walks up to says hi, but no one listens, so they sit down to eat. Kendall tells the group, *I can't believe I have to re-do this, ughhhh. I was going camping this weekend with my boyfriend.* Vesper yawns and struggles to keep their eyes open, tired from their secret part-time job. *Yeah, that sucks, but hey you got this,* says another intern to Kendall. Vesper rolls their eyes while eating their noodles and hearing the interns' rant. To avoid hearing anymore from the group, they leave to go to the washroom to wash their face and catch a break from the rest. After a few splashes, Vesper grabs some paper towels to dry off. Taking a few breaths in and out while clenching the sink, looking themselves in the mirror they say:

*They are just as isolating and ignorant as they were in undergrad...
I need to be the bigger person!
We will all be dietitians in a month and it's such a small field...
I hate my entire career image to be based on one bad internship experience!*

Vesper gathers herself and walks back to the lunchroom. As they approach the door to enter, they hear the group commenting about their presentation:

KENDALL: *Vesper is such a show off. Obviously, someone with a business degree would have a better financial section than me.*

OTHER INTERNS: *Obviously, Kendall, they are always yawning. I don't know if they are serious about internship as they seem in the morning rounds with the preceptor.*

KENDALL: *I bet a relative works in the kitchen. Like I don't speak Asian, how am I supposed to connect with the staff and seniors? That's the only reason they were chosen for this placement, to meet the diversity quota.*

OTHER INTERNS: *How are any of us supposed to compete. I feel so disadvantaged!?*

KENDALL: *Vesper belongs in the kitchen with an apron, not a white coat!*
[EVERYONE BREAKS OUT INTO LAUGHTER]

Vesper is petrified outside the door and rushes down the hall only to be stopped by their preceptor, who says:

PRECEPTOR: *Aren't you eating lunch Vesper?*

VESPER: *Oh yes, I left my badge in the conference room, going to get it now.*

PRECEPTOR: *OK, be quick we only have 10 minutes before the swallow assessments!*

Vesper walks quickly down the hall, ready to burst into tears...Again they make it into the washroom alone and speak to themselves in the mirror:

*You should have been a waiter or cleaning person, that's what everyone thinks!
No one thinks you deserve to be a dietitian!
You only got this placement because you're Asian!
They don't understand my struggle because they are so white and ignorant!
Canada was supposed to be welcoming, but I just want to go back home!!!*

Vignette 3

Everybody is not welcome: Is weight intersectional?

Ziv self-identifies as a multi-racial dietitian with a West Coast private practice focused on weight loss, including pro-bono services to ensure under-represented groups have a space and person who looks like them support them on reclaiming their identity and weight. Ziv finishes up an initial appointment session with a patient, where the conversation goes like this:

PATIENT: *You are not like the other dietitians I've met.*

DIETITIAN: *What makes you say that? We all study the same stuff to become dietitians.*

PATIENT: *I mean, you don't just hand me a food guide to go!*

DIETITIAN: *It's not a menu to be handed out. I got to understand your eating style. before giving you a diet plan that makes sense to you, not a general guide.*

PATIENT: *Well, you're the first to understand my South Asian cultural foods and not give me a Hindi Food Guide and assume that's cultural care. HAHA! I can speak about my South Asian family worrying about me not eating enough when I visit or when my aunty says I'm overeating and should look after my weight. It's a cultural thing the other dietitians don't get and instead tell me to love my body and make boundaries. That's not the support I am looking for, you know?*

DIETITIAN: *My parents are mixed, so I remember hearing that conversation all the time whenever I visit either side of my family. It's a complex and intersectional conversation that not everyone can understand.*

PATIENT: *Right, so you get it- that feeling and complexity! So many people don't, and I'm frustrated paying for services and can't afford to hear the same advice from dietitians!*

DIETITIAN: *So that leads me to ask, what are you looking for in a dietitian like me?*

PATIENT: *Someone who gets my culture and why we talk about weight the way we do. It's more than just addressing weight stigma, and it can be a strange context if you're an outsider, you know what I mean?*

DIETITIAN: *Outsider, as in a white dietitian?*

[LAUGHS]

PATIENT: *HAHA! That's why you get it! I can't deal with being fat and the racism from someone who doesn't get it, live it or understand it!*

DIETITIAN: *Thanks for your openness again. I look forward to our next session.*

As the patient leaves, they reminded Ziv of a personal note written not too long ago in their journal about weight-inclusive practices and the reality of dietitians in this sector. The note reads as follows:

It's hard to understand that it's intersectional. So, you only figure that out, once you dig into it, you know.... if someone first learned about Health-At-Every-Size [HAES], they're not going to know what intersectionality is, and they probably don't know that there's a race aspect to it. But I also think that more recently, there's been more discussions around how race is included in HAES....

For weeks now, the frustration has been piling up for Ziv on the under-represented voices in dietetics. The lack of intersectionality around fatphobia and racism between patient-dietitian relations is a gap in professional care that Ziv has noticed as one of the few weight-inclusive dietitians of colour. Ziv wonders to themselves:

ZIV: Do dietitians not understand racism? Or is that too uncomfortable for them to address because they won't chart their own bias? How many more patients will I have like this volunteer my time to see those clients because they can't afford to see any other private practice dietitian or because there's no dietitian willing to spend the extra time educating, and taking into consideration race, culture, and what they choose....and the fact that dietitians are trained to promote foods on the food guide is absolutely bullshit!

As Ziv wraps up charting and reviewing emails for the day, an interesting request comes in their inbox. A colleague from internship has emailed asking *for a special...a discount on my rate because we are colleagues, but I don't see any other private practice dietitian giving a discount to colleagues or even seeing their colleagues for weight loss?* The frustration leads Ziv

to grunt in anger, *GRRR!* Not only are racialized bodies not taken care of in dietetics, but people take advantage of racialized labour as well. A new entry is added into the disgruntle rant journal today that reads in part:

I'm never going to run away from this feeling!
I'm always going to be used, not included!
I need to be the missing intersectionality!
I can't let down my patients!
I will speak up!

Experiences of Racialized Dietitians

Each participant expressed negative, neutral, and positive experiences of becoming a dietitian that does hold a white racial identity in Canada. As racialized dietitians, their hyphenated identity impacts how colleagues and patients see and treat them throughout their dietetic journeys. Drawing from the thematic analysis in chapter five, the realities faced by racialized dietitians cannot be understood without addressing whiteness in dietetics.

Negative Experiences

Discussion on negative experiences arose early in the interviews when participants responded to question four and described their views on the racial/ethnic diversity of the dietetic profession in Canada (Refer to Question 4 Table in Appendix E). The data suggest a gap in representation from the multi-cultural population of Canada in the dietetics profession while understanding that not all of Canada is as diverse as the profession. These results are consistent with literature by Lordly and Dubé (2012), Brady et al. (2012), Siswanto et al. (2015), and Riediger et al. (2018). They have collected demographic data of students, interns, and professionals, which showcase the over-representation of white females in the dietetic profession. The quotes by participants three and five below showcase the perspective racialized dietitians have on the state of diversity in Canadian dietetics:

In Canada... [chuckles]...oufff... I would say like I would say it's like not very diverse ...like just from a statistic perspective like we know that ...the I guess, the demographics of the dietetics profession does not reflect the demographics of the Canadian population... [long pause] (Interview #3, Pos. 22)

My perception would be it's largely, white women that dominate the profession, I know very few men in the profession. Probably was a time when I knew all of them now sort of [x]years in I don't know all of them anymore but.... in terms of the ethnic diversity ... I'm starting now to become aware of more racialized dietitians, it's probably just more on my radar now and understanding the distribution of the profession. I still say it's largely made up of white women but a growing segment I think is non- white [dietitians] is my impression but certainly not a complete picture that I have... (Interview#5, Pos. 47)

Furthermore, the data also supports research by Atkins and Gingras (2009), Ramji (2007), Brady et al. (2012), Siswanto et al. (2015), and Riediger et al. (2018), which implies potentially negative consequences for racialized dietetic students and practitioners in professionally white female-dominated spaces, such as dietetics. An example of how othering impacts participants' realities of not being the default white female dietitian is illustrated through the quotes by participants one and five below (Refer to Question Table 6 in Appendix E):

I did well in [North American Country], when all my friends went into the internship I did not because I did not know what kind of Visa I needed. All the people said the only reason I got in was because I was “brown” and they [Graduate program] had to meet a quota ... (interview#1, Pos. 164)

So [my internship] is a bit unique and I sort of looked back at the previous years of interns at the time it seemed like every year that internship program got the one male graduate who wanted to go into dietetics and I was just continuing that and I think the following year we also had the one male graduate from [Central Canada university] who wanted to go into the dietetics, so I don't know if so it could be a bit of selection bias and

that the program I went to was known or sort of a research or clinical focus ...

(Interview#5, Pos. 57)

Racialized male dietitians' intersectional race and gender experiences differ from the existing female-focused dietetics research. Although gender is not the main focus of this study, acknowledging this intersectionality connects back to literature by Joy et al. (2019) on male experiences in dietetics and beyond the scope of the study due to an even lower and unknown percentage of gender diverse dietitians. However, consistent with answering the first research question, the depth of intersectionality among each participant's racial identity combined with immigration status, gender, sex etc., are limitless and vital factors to consider for future research. Subsequently, a shared feeling of alienation and loneliness within the dietetic profession as a racialized student or dietitian connects back to literature by Keith and Moore (1995), Felton et al. (2008), and Atkins and Gingras (2009) from the aforementioned quotes. Additionally, to better understand how whiteness in dietetics creates unspoken standards and expectations in professionalization. The three vignettes can further discuss how racialized students and dietitians navigate their classroom, internship, and workplace settings.

The theme of whiteness in dietetics appears prominently in Sacha's vignette on cultural competency in the classroom. The decisions around the wardrobe Sacha chooses to present themselves in the classroom visually and how Professor X pays little attention to them or the cultural groups for the food project depicts the subtle whiteness in dietetics. Participants echoed the lengths they took to fit in with their white classmates, from attire to acting the part and holding back their tongue due to professors/peers' insensitive comments about racial and ethnic cultures/cuisine by professors/peers (Refer to Appendix E). The findings are consistent with the literature on the professionalization process by Keith and Moore (1995) and anti-oppression

discourse in dietetics by Brady and Gingras (2019). Moreover, insensitivity and oppression hinder the sense of belonging in the dietetics for racialized students.

Additionally, the presence of white fragility by a white intern in the Vesper's vignette and white privilege by the white colleague's email in Ziv's vignette connects back to chapter two's literature review on white society structures by Peggy McIntosh (1988) and DiAngelo (2018). As racialized bodies navigate the spoken and unspoken rules in a predominantly white-feminized profession of dietetics, perfectionism and classism rooted in white structures play a role in establishing the status quo (Warren, 2017; Warren, 2019; White, 2013). A quote by participant two captures their feelings on racism in dietetics and the role white women play (Refer to Appendix F):

A lot of people need to be held accountable for what they've done and it's my hopes that there's a lot of publicity around the work that you're doing ... hey let's get some national coverage about this week on racism, yeah you sure want this one! A whole bunch of white women being racist! Instead, they are wearing high heels...[pause]

(Interview#2, Pos. 213)

Despite Canada's multicultural image, dietitians from multicultural backgrounds face hardships throughout their dietetics journeys. Literature by Dewing (2013), Hyman et al. (2011) and Berry (2013) in chapter two indicates unfair treatment of racialized members as their racial and cultural identity struggles to co-exist in the Canadian context. Furthermore, as racialized dietitians negotiate their identities throughout their dietetics journey, connections from the literature link to the thematic analysis themes. The themes include in/visibility of presence and racialized bodies. The findings further support this idea by Brady and Gingras (2019), Warren

(2019) and White (2013), who shed light on the prevalence of oppression in the form of microaggressions and racism in dietetics.

The insinuated belittling by white interns/dietitians to undermine their racialized counterparts' success in attaining a dietetic position sabotages the satisfaction for racialized dietitians and students (Reamer, 2016). For instance, in the second vignette, Vesper's Asian identity is used to infer their worth and tolerance in dietetic positions/settings, which leads them to believe its validity. This finding suggests the presence of racial gaslighting, which maintains white supremacy by patronizing those who stand outside and challenge the power structures (Davis & Ernst, 2019). At the end of Vesper's vignette, the self-talk was inspired by the events shared by participants one and two, where colleagues stripped them from enjoying a work promotion and successful presentation by putting them in their place as racialized dietitians. The emotions of anger and anguish were felt in both interviews, with a tearful excerpt by participant one below reflecting on the situation from years ago:

Oh my God...you hit a sore spot... [sighs for a breath] ... [tears up with a trembling voice] ...people ...they said things like “you only got in because they had to meet a quota” ...but I ignored all of that because I had to stay focused...[participant begins crying].... (Interview#1, Pos. 82)

Racialized dietitians were subject to racial stereotypes depicting them as the “help” rather than being integrated into the “helping” profession in health care. Racialized dietitians from interviews two and four recall two separate incidents where their dietitian title is disregarded and holds no value. Another quote by participant one goes a step further as they put themselves down and accept the racial stereotype image as the “help”. All of these incidences, with participant one and two was also used to explain the theme racial position in dietetics.

“when are we going to fill and restock the coffee?” and I said, “what do you mean?”, She's like “well...you should be doing this work”, I'm like “No, I'm a dietitian”, I'm wearing my name badge on my chest and I was not in a hotel worker uniform... what she said to me that a day, was very, very clear, she did not want me the profession... She said, “You don't look like a dietitian”, turned her nose up and walked away... I told people about it...they gaslight me...they didn't think it was anything to do with racism (Interview#2, Pos. 96)

I get managers from other health care providers [send me clients] ... I'm like English is my first language my other languages are my second and third language, when they find out you can speak other languages is “Oh well we're going to come to you all the time for translation” ... [I'm] like, “No, No” ... I have my own things to do which involves me doing my job not doing your job [laughs]... and I actually ended up having to tell work that I'm not going to be the translator...find someone... go to the cultural centre and find someone... I already see enough clients, I don't need to be adding more ... (Interview#4, Pos. 54)

“I can't do this, I should be a house cleaner, because of the stress, the tension, the obstacles people would put in your way! It wasn't just doing the [graduate program] ...I had great supports, good friends but then there were other people who were jealous... I don't even want to say jealous because I'm not sure because...but the way that they treated me was not nice...[pause]... (Interview#1, Pos. 97)

The aforementioned situations illustrate the diminishing sense of belonging racialized dietitians feel due to compounded experiences of marginalization in healthcare professions. Toretsky et al. (2018) suggests that a stereotype threat can negatively impact racialized health care professionals by compromising their “capabilities, and [inducing] the fear of living up (performing down) to that stereotype” (p. 8). The racial undertone and burden of everyday racism on racialized dietitians impact confidence and a sense of belonging, according to research by White (2008, 2013). Additionally, the use of racial stereotypes and putting racialized dietitians into a helping position to white colleagues is evident in all three vignettes (Refer to results section). Altogether, the negative experiences of racialized dietitians showcase how “dominate and unquestioned standards” of white culture operate in creating oppressive circumstances that benefit the dominate group in (Gulati-Partee & Potapchuk, 2014, p. 27).

Neutral Experiences

Individuals shared experiences they did not readily categorize as negative or positive, but rather neutral as they reflected on an event or situation. Liu et al. (2007) indicate that white middle class privilege coupled with McIntosh’s (1988) data on colourblindness creates economic advantages that uphold white middle-class values. Participants three, five and eight were forthcoming on how their access to social and financial privileges which may have led them to be impartial to experiencing or naming racism. The following quotes below elucidate their feelings and perception of their social standing in relation to their dietetics journey:

I have zero student debt like I didn’t have to take out any loans you know my parents paid for like my parents and scholarships like paid for my education , money was never something that I had to worry about like you know to clarify like I would, I would consider myself coming from an upper middle class family, and even the fact that I told

you in the beginning like it was never a question of like whether or not I was going to go away for university like the fact that like not being local was like the default option for me I think speaks to like the amount of privilege that I have for sure ! I can't even I don't even like I don't know how things would be different like for example if going away was not an option I wouldn't be a dietitian there's no dietetics program in [Prairie Province City] so you know I would have pursued a completely different career path if finances were a concern... (Interview #3, Pos. 67)

...I'm lucky enough to be able to afford food unlucky enough to be able to afford an education that's talking about the difference different foods that I that I'm eating in their effect on my physiology this [other] person does not have that same privilege so you know you kind of have to say or understand that not everyone's come from that same privilege background and even embedded in that is just the ability at the time to do the dietetic internship which was unpaid right so I could afford to take a year of my life and not be paid , not everyone is in that same position right quickly that is changed I believe it has at least some settings but the unpaid dietetic internship itself is a barrier for most people and then I think oh right... (Interview #5, Pos. 104)

... I identify as a [racial indicator] woman with colourist privilege, and like my racial ambiguity definitely give me privileges that people who look clearly Black don't have, I'm sure. But yeah, so to me, so I wasn't I was very privileged socially economically growing. I'm a very, but I was like middle class, and I went to very elite schools and so until my university, there was no real conversation about race growing up. I mean, with

my family, I knew that they were injustices, but I didn't understand racism...in terms of systematic forces, like systematic oppression, all of those words, I did not know, until my first year in nutrition, actually. (Interview #8, Pos. 36)

A major component to becoming a dietitian is being accepted into an accredited dietetic internship for a year. As mentioned in the literature, these are unpaid internships, requiring program fees to participate and even possible relocation for the entirety of the program (Brady et al., 2012; Maclellan et al., 2011; Ruhl & Lordly, 2017). In contrast to research by Riediger et al. (2018) suggesting systemic barriers for racialized groups with a low socioeconomic status to secure internship positions, racialized participants with higher socioeconomic status did not face financial constraints pursuing their dietetics education and unpaid internships. Having access to financial support contributed to the social capital of the three participants to apply and participate in the dietetics with little to no concern of racism (Gilbert et al., 2022). It is important to note, that the remaining five participants did not accessible means to wealth but instead a variable level of social inequity based on their intersectional identities, including as immigration, family and class status in society (Little et al., 2016). This social inequity is also illustrated in Vesper's vignette, where they must secretly work to pay for internship because they do have access to further financial supports, such as loans or family wealth. Additionally, the three participants' social stratification with class privilege is accompanied with their assimilation into the profession may also contribute for their neutral experience in dietetics.

The theme of racial position in dietetics discussion on how Canada's multicultural image impacts the integration into dietetics. Chapter five introduces this theme accompanied with quotes that illustrate racialized identities are either seen but not heard or seen and make themselves heard within the dietetics profession. Literature by Berray (2019) from chapter

emphasizes that the “salad bowl” image of multicultural only shows the “common good” of groups to collectively assimilate into Canadian society (pp. 142). The mere visibility of racialized dietetics does not equate to meaningful inclusion without accommodating individuals’ stories, struggles and opinions. The racialized participants with class and social privilege provides a ground for discussion on the model minority myth and assimilation into the dietetics profession.

The model minority myth stereotypes the academic and professional success of East, Southeast and South Asian communities in North America compared to other racialized groups (Yao, 2021; Yi & Museus, 2015). Literature from chapter two with additions by Yao (2021), and Yi and Museus (2015) cite the detrimental impacts of these stereotypes lead to othering within racialized communities, reinforces the harm of systemic racism and undermines anti-Asian racism experiences throughout Canada’s history. In context to dietetics, Tan’s (2011) thesis shared insight into the nuance of experiences of Chinese dietetic students’ career and “although participants could not give specific examples of overt racism, it was apparent that they believed that they were treated differently” which was similarly expressed in my interviews (p. 66). In terms of assimilation into dietetics, the proximity to whiteness and putting “your head down” mentality rewards certain racialized groups more than others. Participants three, five and eight provide reflective quotes expressing how their assimilation and privileges granted to them based on their social class:

The one thing that sticks out for me is that, like yes, I am a racialized dietitian, and, like I also have a lot of privileges in other ways... so I want to acknowledge that's, like my experience is probably very different from other peoples and I think this project is going to be interesting to hear like from people's perspective. [Also] considering that a lot of

other folks in this profession have the same privileges as me and also how have these privileges kind of, like in that question that you ask, like enabled them to be a part of this profession in the first place... like, so yeah[pause] (Interview #3, Pos. 113)

[The] privilege at that time [referring to position as dietetic student] I'm lucky enough to be able to afford food unlucky enough to be able to afford an education that's talking about the difference different foods that I that I'm eating in their effect on my physiology this person does not have that same privilege so you know, you kind of have to say or understand that not everyone's come from that same privilege background and even embedded in that is just the ability at the time to do the dietetic internship which was unpaid, so I could afford to take a year of my life and not be paid , not everyone is in that same position right quickly that is changed I believe it has at least some settings but the unpaid dietetic internship itself is a barrier for most people... (Interview#5, Pos. 104)

In fact, you know, and that's where privilege also comes in, where she was my mentor at all. She was very knowledgeable, very educated. And I really looked up to her. And I really, and she says she projected herself on me, I projected like we were very, very close. So it wasn't that foreign for me, you know, to kind of connect with white privilege. But even then, even then, and I definitely like felt out of place ... (Interview #8, Pos. 106)

The experience of racialized dietitians with social and economic resources represents hierarchical access to opportunities and inclusion in the profession. However, this does not exclude them from longing for acceptance and belonging, just as their racialized counterparts

with varying social and economic resources. Literature suggests that survival tactics, such as assimilation and fitting into the status quo, have been long adopted by racialized professionals who are marginalized or the minority in their profession (Solórzano & Yosso, 2002; Rodríguez-García, 2010; Coveney & Booth, 2019). Individuals with racial and intersectional identities are seen as different in a dominantly white profession. They may feel pressure to downplay their racial and cultural identities to allow for social cohesion (Gord, 2011; Wellington, 2021; Moradi, 2017). During the interview, participants reflected on how their neutral stance may have distracted them from addressing those feelings of exclusion based on their access to resources.

Positive Experiences

Racialized dietitians share positive experiences between racialized clients and supportive mentors/colleagues throughout their dietetics journey. Quotes provide insightful reflections into racial position in dietetics, and racialized bodies themes. The rapport between the racialized dietitians and clients was instant and provided context to cultural competency. Literature from the dietetics profession as well as healthcare, including medicine and nursing, focuses on delivering care to diverse patients by adopting the service to reflect patients' cultural, religious, social, and linguistic needs (Betancourt et al., 2002; Campinha-Bacote, 1999). Dietetics research on cultural competency by Adkins (2017), Hack et al. (2015), and White and Beto (2013) connect back to the participants' quotes and experiences, which describe the cultural divide between care and practice decreased by seeing a healthcare practitioner from a similar cultural or racial background. Racialized dietitians shared their views on cultural competence among their patients with the excerpts from participants one, five, and four stating:

I think I connected with my clients, because my clients, many of them looked like me and because of my East-West upbringing I connected with Asian people, I connected with West Indian people, people thought I was Mexican, Latino, everything! So any patient that was there, I think I fit them more over anyone. Plus I believe dietetic education does teach some culture in terms of food and , but maybe not enough ... that also gave me a good understanding to sort of to connect with my patients (Interview#1, Pos. 156)

It's worked out for me that when there was sort of a racial match when I saw someone else is South Asian so there's ... I could understand their position better and they understand mine better so there was that bridge that that I knew what questions to ask and do what they were telling me about the foods they were eating the context of the foods that they are eating and had that sort of engrained knowledge but you know it argued that it was people with someone who is not of my own ethnicity those barriers would probably still be there if I had been a white person counseling them so in some ways looking back to be fair it was it was fortunate that when there was a match that I could help... (Interview#5, Pos. 73)

[Referring to social media post about Dietitian supporting cultural community] and I believe she was Arab, I think, she had said the population she wants to serve is Arab and she was getting a lot of push back because you are taking away from other people....these people are not served [and] I want to serve them right and we need to stop saying this is going to take away from you are doing a great job, help me understand so I can be better so when an Arab or Muslim or an Indian or Japanese, Korean , or Russian comes into

my office I have the ability to be compassionate towards them and be sensitive towards their life, their agenda not ours because isn't that what we are taught in school anyways? It's not about what we want it's what the client wants, its client centred care, we can't do client centred care when we aren't acknowledging that they are diverse...

(Interview#4, Pos. 318)

The quotes describing the positive experience with clients or patients give insight into how the racialized identities find a sense of belonging in dietetics. Understanding the needs of clients/patients is critical in dietetics practice with all the participants raised attention to how their racialized identities. Research by MacLellan and Berenbaum (2007) elaborates on the concepts of client-centred care raised by the participants on margining the clients' needs with practice values in the work environments. The additional intersection with culturally inclusive care in dietetics is unique experience for racialized dietitians due to their lived experience growing up in a similar cultural group as clients (Veenstra, 2009). Literature on dietetics education regarding food and culture is embedded in the ICDEP requirements, however translation from classroom activities and internships may vary according to preceptors, supervisors and professors (PDEP-PFPN, 2013, Partnership for Dietetic Education and Practice. 2019a). However, without a doubt the ability to build rapport and connect with racialized clients provides racialized dietitians an opportunity to connect their identity with practice and find a space of belonging.

The vignette featuring Ziv illustrates a positive client exchange regarding racialized bodies and their racial position in dietetics. Being a racialized dietitian allows one to tap into their identity along with nutrition knowledge to understand the client's standpoint and lived

experience (Ng & Wai, 2021; Bednarz et al., 2010). The shared understanding of diet, weight and cultural in the dialogue is key to providing client centred care for culturally diverse clients (Mahajan et al., 2021; White, 2013; Warren, 2019). For example, Ziv and the client share understanding of South Asian culture when it comes to looking at food beyond a translated food guide or weight inclusive practices that extend beyond HAES. However, Ziv does face the attack of whiteness in dietetics, they are determined to honour their intersectional identity for the sake of client-centred practices.

Racialized dietitians credit their colleagues in providing a sense of belonging and recognition the dietetics/health profession. In many interviews, interdisciplinary colleagues working alongside the racialized dietitians provide support, guidance and opportunities which may be lacking in the dietetics profession (Besnilian et al., 2016; Patten et al., 2021). Successful motivation and incorporation into the workforce of diverse professionals by their colleagues created many positive experiences (Ely & Thomas, 2001). For instance, participant one credits:

“[a physician for being an] amazing man that recognized dietitians, dietetics and ME as an individual! He bought me a my first [medical] machine which is like \$5,000 at the time and I started doing that on all the patients and that lead to some research , um...which you really need those types of supports in dietetics to get ahead, not only in the field of dietetics but to the other professionals because I experienced that with this position” (Interview#1, Pos. 173)

The aforementioned points depict the positive dietetic journey experiences between racialized dietitians, their clients and colleagues. Knowledge and lived experience of cultural competency has assisted racialized dietitians to bring their cultural identity into dietetics practice.

Finding a sense of belonging for who they are personally and professionally has come in the form of opportunities from colleagues and peers. However, racialized dietitians are not limited to only having cultural competency skills and ability to connect with racialized clients. Racial identity should not be used to limit dietitians to only interact and be present in racialized spaces. Instead, an opportunity to understand the cultural nuance and expand from dietetics literature is necessary to create positive experiences for client and dietitian interactions.

Perception of Race and Racism in Dietetics Journey

The second research question asked how racialized dietitians perceive their race/racism to have informed their experiences of dietetics education and their experiences of and approaches to practice. The participants reflected on how their racial identity has directly or indirectly influenced their dietetic journey from when they were students to becoming a dietitian. Their responses included discussion on advancement in education or career, relationship with colleagues or clients, and overall sense of well-being and belonging in dietetics. Interview question seven asked participants directly, how, if at all, do you believe racism has impacted your experience of being a dietitian? (See Appendix I). Most participants shared a neutral perspective of racism, with subtleties alluding to some discomfort but unable to define it as racism. Additionally, the three vignette characters illustrate how racism is subtle yet present in our everyday interactions in education, training, and professional settings. These results will explore the perception of race and racism throughout racialized dietitians' dietetic journey.

The theme of racial position in dietetics explores the multifaceted identity racialized dietitians embody even prior to entering the dietetics profession. Literature from chapter two on immigration and multiculturalism in Canada connects to the cultural experiences expressed by

participants and how their racial identity is informed through their heritage and families (Hyman et al., 2011; Lencucha et al., 2013; Nichols et al., 2020). The excerpts by participants two, and four illustrate the strong influence of their cultural identity in pursuing dietetics:

Having gone through that the issue of race in my family is [racial indicator] of course there's a cultural expectation that is going through assume academics not culinary, not arts, nothing so the expectations your doctor or lawyer or whatever most were very true in my family not my immediate family but extended family where they pressured me to go to university so I would have options to fall back on. ... The science element because I've always been strong in science since high school, it combined everything that I wanted to find....So race in dietetics is what brought me to dietetics, the discussion about race, racial expectations and what I wanted as a person so luckily I stayed in the world of dietetics because I found dietetics to be extremely easy it was nothing that I found challenging, the physiology of it, with the level that they taught in undergrad was a joke... (Interview#2, Pos. 10)

..Because my whole family ..we are a foodie based kind of family, right, my sister is a chef by trade...[pause] funny to see because my mom, my sister ,and I and my niece actually were all about nutrition and you know good food homemade and doing things from scratch and having that growing up it really helped translated into my adult life and into my careers... ” (Interview#4, Pos. 17)

The quotes from participants two, four and seven connect cultural expectations on pursuing a STEM [Science, technology, engineering, and mathematics] career choice and family connection to food as conscious influences in dietetics. Three of the eight participants pursued

dietetics as a second degree, and a fourth participant transferred degrees into nutrition from another program/university. Only half of the participants pursued dietetics as their first degree, with some awareness of a career in nutrition as a possibility. The participants' families also set a shared understanding to pursue a STEM career option. Because nutrition was in the sciences field, there was comfort expressed by participants and acceptance from their families to pursue this career option. A quote from participant seven describes how they found nutrition as a means through traditional professional choices set by immigrant families:

I was always interested in nutrition. But I had this I think it was just like this cultural decision, like my parents never specifically said, go be a doctor. But I think it was kind of implied by the society. And my focus was on medicine. Which I thought, oh, I can do nutrition through medicine, it's fine. I just kept kind of pursuing that. And then by the end of my first degree, I was just like, no, this is not for me, So, it wasn't for me, but I was still interested in nutrition, which kind of felt like a rebel topic at the time (Interview #7, Pos. 8)

Additional insight from the vignettes depicts the realities of career decisions and food decisions are heavily influenced by culture. The vignette featuring Vesper mentions their previous degree in business prior to their career trajectory change into dietetics. Moreover, influence from family was also apparent in their connection to cultural foods, with a peaked interest in learning more about nutrition and cultural cuisine. The vignette with Sacha illustrates their cultural food identity with a dialogue between their mother on the course of the cultural food while also connecting to participant four's quote. Both vignettes ground the placement of

racial position in dietetics as a continuous theme that's helps conceptualize perceptions of race and racism for racialized dietitians.

As racial terminology is ever revolving, how participants understand and use racial indicators reflects their perception of race and racism (Rosa & Flores, 2017). Although the study primarily refers to the participants as racialized dietitians, many have stated their preference to use their nationality, language, religion, racial or cultural group to denote their identity. As previously stated in the method and results sections, I have opt-ed to not share direct identity with respect to anonymity of a small, racialized community within the dietetics profession. Additionally, participants have also referred to themselves as a “person of colour” in reference to the publicized acronym BIPOC. However, in an interview with participant four, outdated and controversial racial terms were continuously mentioned:

[Reference to classmates in undergraduate dietetics program] I would be the only [shares racial identity] , and only three ...[pause]...Orientals, I can't remember I think it is was a Chinese Japanese, Korean and that was it and everybody else was Caucasian...[laughs] and even during it and now that I thought about it I would kind of get singled out talk about my experience as a coloured person... I was young and I was in impressionable, so I took everyone said and made it a belief of mine and when you get singled out to talk like that in a way you kind of shut down and you're still like.... like wish I wish you well I was different...because if I wasn't different, I would be accepted.... [pause] (Interview#4, Pos. 72)

The racial terms “Caucasian, oriental and coloured person” are rooted in colonialism. and therefore, the continual use of these words validates a system of racial inequality (Mukhopadhyay, 2018). Furthermore, the situation depicts how internalized racism can manifest

and normalize the feeling of racial inferiority (Willis et al., 2021). Participant eight also shared that they were “still unpacking my internalized racism. And I think it's, it's pretty rough. Because I'm trying not to feel too down myself, not feel too ashamed” (Interview #8, Pos. 104). The concept of racial inferiority is further explored in the theme's whiteness in dietetics and racial position in dietetics of this study. Additionally, the importance of considering all racial terminology used in this study to understand how race and racism are discussed in dietetics and in society. When probed on the use of racially outdated and sometimes deemed controversial racial terminology, participant four sheds light onto how their social environment influences their feelings around their own race and using racial indicators.

P4: [sighs] when I say it that way I guess I am trying to be inclusive of Like all of the colours that are not white [ahahah]. Instead of, maybe I'm trying to be more politically correct it changes so often I don't really know where to go...but at the same time, um... I am coloured.... (Interview 4, Pos. 200)

Summary

In this chapter, I analyzed findings from the interviews conducted with eight racialized dietitians about their dietetic education, training, and professional lived experience. I began by presenting the results of my thematic analysis, in which I discuss the three global themes: whiteness in dietetics, invisibility of presence and racialized bodies. The vignettes present the thematic findings of my research through fictional scenarios that depict racialized dietitians at various stages in their dietetics journey. Furthermore, the three vignettes answer research questions one and two. The section on negative, neutral and positive racialized dietitians' experiences answers the first research question. The perception of race and racism in the dietetics journey section answers the second research question. The next chapter will explore the findings to answer research question three focused on improving racial diversity of the dietetics workforce.

Chapter 6: Findings: Improving the racial diversity of the dietetic workforce in Canada

In this chapter, I will address research question three, which focuses on what racialized dietitians believe is necessary to improve the racial diversity of the dietetic workforce in Canada, and to inform anti-racist dietetic practice. The findings section on improving racial diversity can contribute to understanding race and racism in dietetics education, training, and practice.

Additionally, the informing anti-racist dietetics practice section can provide opportunities for anti-racist approaches recommended by participants and informed by the research.

Improving Racial Diversity and Informing Anti-Racism in Dietetics

My third research question is: What changes to dietetic education and practice do racialized dietitians believe are necessary to improve the racial diversity of the dietetic workforce in Canada, and to inform anti-racist dietetic practice? Participants were asked this as the eighth question in the interview relating to what needs to happen within the dietetics profession in Canada to a) improve the racial diversity of the dietetic workforce in Canada; b) support racialized dietitians to succeed in the profession; and c) inform anti-racist dietetic practice. The participants' responses to the three sub-questions were met with cynicism challenging whether change could be achieved contrasted against those expressing general hope for improvement with advocacy in the sub-themes (Refer to Appendix J).

Improve racial diversity of the dietetic workforce in Canada

Two key sub-themes to improve racial diversity in the workforce includes paid training and compensation and diversity hiring practices. Participants expressed the need for paid internships to improve the representation of racial diversity in dietetics. Excerpts in chapter five emphasize the importance of having financial support to pursue unpaid internships. Although diversity hire

practices have become more prominent to increase the representation of equity-deserving groups, participants voiced their concerns and skepticism on the potential to bridge the gap in representation and belonging in dietetics using diversity hires. Two participants shared their accounts of successful and unsuccessful hiring practices in dietetics in addressing diversity in the workforce.

Paid Internships

...I think a lot of it as you said [on under-representation on diversity] has to do with privilege and the lack of opportunities so you know the more we can reduce some of these barriers for example paid internships and supporting people through their training I think the more people will get [into dietetics] ... (Interview#5, Pos. 114)

The quote above by participant five speaks to how privilege, such as access to financial support, can limit one's capacity to become a dietitian. As stated in the neutral quotes by racialized dietitians and accompanying research, decreasing financial barriers for racialized groups with low socioeconomic status can improve racial diversity in dietetics (Gilbert et al., 2022; Riediger et al., 2018). Systemic racism has played a role in wealth accumulation and class mobility in society, which importunately affects racialized and immigrant communities more than white communities (Burton et al., 2010; Yosso, 2014). Additionally, literature by Shade and Jacobson (2015) explored gender and unpaid internship in Canadian and American creative sectors with "findings reinforcing the class-based privilege of unpaid internships" (p.188). Similar to participants in Shade and Jacobson's (2015) study, the three participants with neutral experiences mentioned their family's access to wealth and class privilege to offset financial and social barriers encountered in their dietetics journey. In contrast to the remaining five

participants, one of whom is an immigrant, shared their competing interests of working and securing funds to pursue their dietetics education and internship training in the excerpt below:

... Maybe some internships they might have given a small stipend but it wasn't anything more...plus on top of that they would tell you are not allowed to work ... right, so 1 year...so they are expecting these students to be young students, not married with children ...so what if you are older and have children , you want to become a dietitians, and the way that the internship runs, and you are not allowed to work, how are you to do that?...so yeah, there were LOTS of barriers!....Depending on your partner if you're married or not married, like, family, your parents that type of thing...

[Researcher: like that financial ownness...]

Well my dad was definitely supportive early on but then he passed away in my second year of university, I had to waitress [location in the US] which was nice and really wealthy people came in the summer and I an envelope [of tips] and I opened it up it was over \$1,000 USD a week in the summer which was more than what I was making as a dietitian when I started working in Canada ...[laughs].. I always say that I made more money when I was waitressing, it was fun, because it was hard work but also fun, I was a student, it was great, I had to put myself through school after that ...and the internship and all of that...

(Interview#1, Pos. 249-255)

The connection to the theme of racial position in dietetics, particularly the individual's intersectional identity, impacts how racialized dietitians are perceived, invited or excluded in dietetics. The quote above by the participant has them unpack the expectation of an ideal intern and how complexities such as age and finances can press on their capacity to pursue an internship, let alone even consider applying. The double shift between working a paid position to compensate for an unpaid position is evident in the Vesper vignette. Unbeknownst to their preceptor or interns, Vesper conceals their financial situation similar to an exact situation shared in interviews. Like Vesper, participants have under-reported or not disclosed their part-time jobs to preceptors or supervisors due to the consequences of being kicked out of a program they cannot afford and being told they are not taking things seriously. Literature by Rothschild and Rothschild (2020) cites the criticism of unpaid internship practices on social mobility and low-income accessibility previously highlighted by participants. Although dietetics literature highlights the unpaid nature of internships, many have only highlighted the experiences of white interns becoming dietitians (Brady et al., 2012; Maclellan et al., 2011; Ruhl & Lordly, 2017). Research by Wellington (2021), Riediger et al. (2018), and Atkins and Gingras (2009) provide some context in the Canadian dietetics field, with Wellington (2021) sharing their struggles as a racialized dietetics student becoming a dietitian.

Under federal labour standards, programs attached to educational institutes partnered with employers do not require student interns, such as dietetic interns, to be paid (Government of Canada, 2022). However, the Government of Canada (2022) states that employers can voluntarily provide a stipend, monthly allowance or reimbursement for expenses unrelated to the student intern's activities. Similar labour standards exist in America, where researchers in healthcare and dietetics are challenging labour standards and advocating for paid internships to

address racial disparities in predominantly white professions (Morello et al., 2022; Toretsky et al., 2018; Burt et al., 2018; Burt et al., 2019). Research by Morello et al. (2022) provides an argument for supporting trainees in veterinary residences in Canada and the US with living wages to address mental health without compromising their livelihoods during their training period. A similar case is made by Burt et al. (2018) and Burt et al. (2019) to increase diversity in dietetics of low-income minority students in the US by increasing tuition-free, heavily subsidized, and stipend availability-based dietetic internships. Although Burt et al. (2019) note that the precise number of programs is not known, the fact that they are available even limited in the US provides a possible opportunity for Canadian dietetics to consider for evaluation. Adapting a compensation framework at the rate-limiting step of applying and accessing internships can improve racial diversity in the dietetics workforce.

Diverse Hiring Practices

In recent years, diverse hiring practices have become a focal point in professional and academic work settings. The heightened awareness of EDI initiatives is not a new concept considering the Canadian federal *Employment Equity Act* (EEA), first passed in 1986, followed by amendments in 1995 that influence hiring practices today (Agocs, & Burr, 1996; Lum, 1995; Tamtik & Guenter, 2019). The EEA aims to achieve equality in workplace settings and alleviate employment disadvantages that women, Indigenous Peoples, members of visible minorities, and persons with disabilities endure unrelated to their ability to for a job but rather their social position in society (Lum, 1995). Literature by Tamtik and Guenter (2019) states that institutional efforts to increase EDI in strategic plans, research and recruitment of faculty and student in higher education settings in Canada are critiqued as “well-intentioned attempts that have reinforced exclusion and inequity” (p.41). The over-representation of whiteness in dietetics is a

theme that reinforces why diversity hire practices are critical to addressing this racial imbalance, which, left unchanged, would continue to normalize what the racial scope and perspectives of the profession remain status quo. Additional information from the interviews expands the theme. In respective, participant seven shared their perspective on how a recent diversity hire posting granted them a job they felt conflicted to accept and, subsequently, what diverse and equity-focused practices would mean for the dietetics profession as a whole:

It's hard to say, like, what is driving the selection of employees right now? I don't like having been in this experience where you feel like a token, you know, like, diversity hire, I definitely don't want that to be the trend that's going we're trying to diversify our profession.

Because if you diversify the dietetics field in the dietitians and the students coming in, then you can't help but diversify the job market as well. Right. So, I think it starts with making sure that dietetics is accessible to everyone, and everybody has the opportunity to excel

For example, if someone can't afford to pay, like the internship fee and go a year without, you can't get a job internship, it's nearly impossible to work and be an internship, right? And so, having lived for yourself having the opportunities and have a scholarship and stuff like that, like that should be there. Like, why are there not options for that? Right? ... But if there is a stigma, getting and honoring all sorts of experiences, right. I feel like I've said a lot and said nothing but ...[laughs] (Interview #7, Pos. 145)

Participant seven expressed that although they self-identify as racialized, the stigma lingers even with practices that seek to reduce bias and consider the lived experiences of individuals. Literature states that when initiatives focus on diversity as the problem to be managed, inequality is disregarded, and hired individuals may be visible, but the inequality remains intact (Agocs, & Tamtik & Guenter, 2019). The feeling of being seen as a diversity

hire overlooks the expertise the participant brings to the position. Instead, the individual is only seen for their racial identity is shared as a negative experience in a previous quote by participant one and the vignette character Vesper whom their peers tokenize for filling the diversity quote for internship. In further discussion with participant seven, I asked them how they reconcile their feelings with their positionality, which left them minimizing the experience of being seen as a diversity hire:

Yeah, and I, I don't know how to go around. Like, with everything being pushed, if someone is getting hired, I don't have a solution for someone to not feel like a diversity hire, or like, I think that's going to be something we're gonna have to figure out is going to be a struggle. Because you will, in this position, like, what I was missing was the experience of eating disorders, right. And for someone to say that, even that is a privilege, which are understand, at the same time as like, I worked so hard to get to this point. And I still feel like, I'm not adding done enough, I'm not doing enough where it's like, it's just hard is I think it's a hard kind of feeling to navigate. And I've never been in this position before. And I think there will be lots of digression about their, their might their jobs that might be based on their color, and their culture. And I think it's something that we're gonna have to figure out. Like, some people might go over, I really don't care. And there might be some, like me, were just like, I don't know how to feel. I don't know how to express what I'm feeling. I'm grateful for the opportunity because it will help build my experience and ease something. But why, like, why sometimes, like, why did I? Why did this have to be the position that I got? Right? Like, why did it have to be like this? Also? May never stop. (Interview #7, Pos. 150)

The hidden intentions and reality of reproducing exclusivity rather than inclusivity were challenged in the research study. In an interview with participant six, they explicitly described

how they witnessed two diverse hiring positions in academic settings coming short of including under-represented voices, particularly racialized and non-Canadian candidates, being rejected. Literature by Carey et al. (2020) and Tamtik and Guenter (2019) critique the racial and gender hierarchies in higher education do not eliminate bias with the implementation of employment equity policies into practice. In turn, this can lead to challenges for women and visible minorities from entering academic settings based on implicit bias and discrimination they face on being accepted Carey et al. (2020). Additionally, research by DiTomaso (2021) found that the primary focus on eliminating bias faced by women and [racial] minorities exclude the focus on how bias benefits white [people] and men. During the interview, participant six shared their thoughts on a diversity hire that took place at my university and department of study:

There was a recent diversity hire, I think it was [Canadian University], I don't remember which university. And then I saw who they hired. And their idea of diversity is white and [social position descriptor removed]. Yeah. Okay... that's diversity but I don't want to say, I'm not marginalized but not as marginalized identity in dietetics...

[Researcher: Yeah, yeah. It's interesting, even bring that up, because I was gonna ask you, if you've ever seen any diversity hires, so of course, it goes back to [Canadian University]. ...]

Yeah, and I really don't think much is going to change until you get those people teaching the next wave dietetic students, is diversity in those things. And that's a hard system to change. Because academic academia is really hard to change. I can tell you silly stories where they put postings and even if they did, even if they did interview three people, it is possible. I'm not saying that's what's happened, but it is possible that they knew they're gonna hire this guy anyway.

Yeah, and that that may be why they posted the diversity hire, so we can narrow that down. It's true, there's so much behind that [diversity hire process] (Interview#6, Pos. 52-58)

The diversity hire of a white dietitian presents an overlap between whiteness in dietetics and racial position in dietetics. Participant six voices the over-representation of whiteness even in diverse hiring positions, along with the continual invisible impact endured by racialized dietitians of not being selected. I disclosed my position as someone who observed the diversity hire process to the participant for transparency as they opened up on their views as a racialized dietitian with experience in academia. In the dialogue between the participant, we agreed that we both knew very few racialized dietitians in academia at Canadian post-secondary institutes. Although there is no available research on racialized dietitians in academia in Canada, none of the participants noted that for the record. There may have been preceptors or professors in non-nutrition courses from racialized backgrounds. However, no interaction with a racialized dietitian through their dietetics journey from education to the internship was mentioned. Literature from chapter two on professional socialization in dietetics accompanies the lived experience shared by both participants on feeling alienated as racialized dietitians in a predominately white field (Keith & Moore, 1995; Felton et al., 2008; Riediger et al., 2018). Further discussion on the intersections of racism and interest convergence of white individuals will be addressed later in the findings using CRT to inform anti-racist dietetics practice.

Sustaining infrastructure beyond diversifying professional spaces is of utmost importance in improving racial diversity in the dietetics workforce. Literature suggests that EDI initiatives need to go beyond reducing or eliminating bias. Understanding how structural relations “privilege some and disadvantage others, how success for some is facilitated while others are set up to fail

or perhaps are treated with indifference, and how those in decision-making positions distribute authority and opportunity” (DiTomaso, 2021, pp. 2044-2045). The findings align with the aftermath of diversity hires and the perception or exclusion of racial positions in dietetics described by the participants. Participant six discussed how Anglophones are seen as a diversity attempt in Québec. In context to bilingual diversity, half of the participants completed part of their studies in Québec, where a predominant francophone culture played a role in anglophones. Racialized anglophones may feel excluded or attacked for expressing themselves. A deeper discussion in the section on how to inform anti-racist dietetics practices will explore racialized dietitians’ experiences in Québec differs from the rest of Canada.

This is how we do things here in Quebec. And there is so much denial, there's so much defensiveness and even get through to people like that [Quebec Professors]. It's gonna take mandatory [measures], it will take some[time] I don't think there's an overall Canadian regulatory agency that can cover it. But it would have to be the PDQ [Position Description Questionnaire] mandating that there is diversity and cultural competency in those schools. Maybe the candidate has before from the seat and around the candidate to the actual college to implement, [and] have diversity in your program by giving you five years to hire. Someone who is not white, and not from Canada, or, like me... (Interview#6, Pos. 52)

.... we don't even have one of the Anglophone professors that I told you [in the department] that was that was the first ... ever, in their attempted diversity. (Interview#6, Pos. 59)

The quote above emphasizes the potential to implement a Position Description Questionnaire (PDQ) to facilitate meaningful change in hiring and work practices in dietetics. Although unknown if PDQ was used in the specific diversity hiring process mentioned by the

participant, it is a common human resource practice (Government of Newfoundland and Labrador, n.d.; Carey et al., 2020). According to research by Tamtik and Guenter (2019) and DiTomaso (2021), policy documents, such as PDQ, can lead to actions and procedures that initiate institutional change that considers the realities and needs of those affected by EDI policies. Navigating academia as a racialized dietitian through White's (2013) research on African-American Nutrition Educators speaks out on racial disparities and challenging the status quo. This leads to the potential supports racialized dietitians need to succeed in the profession in Canada.

Supporting Racialized Dietitians for Success

It is no secret that a cross-sectional approach is needed to support the success of racialized dietitians in their dietetic journeys from education, training and into practice. Two key sub-themes to support the success of racialized dietitians in the profession includes mentorship and recognition of their efforts in the profession.

Mentorship

The importance of mentorship is critical in the professional socialization of racialized dietitians. The socialization process into dietetics highlights the individual's journey in navigating spaces on personal and professional levels to learn from other dietitians how to attain the skills, expertise, and poise to become a dietitian (Brady et al., 2012; Gord, 2011; Lordly & MacLellan, 2012; Maclellan et al., 2011; Clouder, 2003). Leaning on a mentor who has experience and can provide guidance on socializing in the field is cited by researchers as an essential fixture in any student's dietetic journey (Stein, 2013; Adkins, 2017; Atkins & Gingras, 2009; Brady et al., 2012). As a racialized student navigating dietetics, I can speak to the importance of mentorship. One of my many racialized mentors was involved in this study, with

whom I held a dual relationship as a participant. In large part, mentors are credited for providing leadership development and providing guidance beyond what is taught in the profession to how the profession landscape functions and how to navigate between settings, people and organizations (Burt et al., 2019; Besnilian et al., 2016; Patten et al., 2021). The stark difference in having mentors in dietetics of any sort compared to not having any is clear in the contrasting quotes by participants five and six:

I want to sort of graduate research I had a chat with one of my mentors [mentors names] at the time and she said that's great that you want to go into research but going into practice first and understand what it is you're trying to research and what you're trying to tell people and how you want to advance the field so that kind of let me on my journey and as I sort of put it more [into perspective] and about the practical side of nutrition I really enjoyed the sort of the clinical relationship we can have with patients and clients. Then eventually sort of felt that it was time to get back to those research dreams that I had so sort of science makes things practical to make science practical and if there's one word I can useto one phrase to describe that that would be it. (Interview#5, Pos. 25)

...most of my mentors in dietetics...have been white women, and probably had a handful of Black women mentors never call maybe one or two South Asian would be mentors at the time when I was training ... [I was] sort of my widening professional circle [into research] but definitely when I was being trained very few ethnic minority or racialized dietitians at the time and this was probably in early 2000s... (Interview#5, Pos. 49)

I think that maybe certain groups of people, and certain types of people may have an easier time finding mentors, who will introduce them to those ideas and introduce them and tell them, you

know, encourage them to pursue certain things and do things a certain way that will help them get ahead. I felt that had to do everything on my own (Interview#6, Pos. 41)

Being able to be a mentor, especially for racialized students in dietetics is a source of professional development support. Organizations such as Diversify Dietetics in the United States have actively promoted mentorship programs between racialized dietitians and dietetic students (Diversify Dietetics, 2022; Thornton et al., 2021; Dhami & Tsui, 2020). Research on mentors' motivation to address race/ethnicity in research mentoring relationships by Butz et al. (2019) found that mentors that include discussions on race and ethnicity in mentoring relationships hold a level of competence and comfort to bring topic up with students. In conversation with participant six, they revealed compassion as a motivator to support racialized students and fear of white fragility upholding whiteness in dietetics.

I feel so much more empathy towards anyone who has darker skin tones to someone who's Black for anyone because my experiences being confused with someone who's Muslim and non-Muslim as there is out there. I have a lot more empathy for anyone who lives that reality. And I feel held off for and it keeps me aware if I have the opportunity to support that another way, like whether it's formal entry, you know, or my office for mentorship. I feel like that's the only thing I can do right now. Because I'm not in a position to be very vocal. Yes, you say, you say you're 26 and taking risks and you feel like, a lot. I'm a lot older than you. I definitely do not feel secure enough in my career in order to be able to make noise. Because people do remember, don't want to be that person that's flipped on for not being able to get along with people. Or that person who

has shamed someone else. Because that's what people think of with the white fragility. They don't want to be embarrassed. (Interview#6, Pos. 72)

Finding guidance and access to resources for mentorship for under-represented groups in dietetics, such as racialized dietitians can be difference makers in improving diversity in the profession. These results are consistent with research by Warren's (2019) and Greenwald and Davis (2000) who veer towards creating supportive spaces where minority dietitians can overcome obstacles and succeed in the profession with lifelines such as mentorship from colleagues. The reproduction of systemic racism in creating racial disparities may be ubiquitous to the racial position in dietetics racialized dietitians to access the profession (Suarez & Shanklin, 2002; White, 2013; Felton et al., 2008; Grumbach & Mendoza, 2008). Despite the hardships their mentors from racialized backgrounds provide motivation to push through the discomfort and become one more addition to the racialized dietitian population (Butz et al., 2019; White, 2013; Thornton et al., 2021). This idea is illustrated by the quote shared by participant two below and Vesper's vignette, both of whom were advised on keeping their part-time jobs a secret in order to join the profession. Their hidden struggles show up as distracted behaviour during internship and further scrutinize their presence and how they navigate socializing with preceptors and colleagues.

By the end of the day, I was falling asleep on my preceptor and she said, "I was being disrespectful." [noise in background] When I was exhausted , I had to hide the fact that I had a part time job because every one of my mentors told to hide that fact otherwise there considering the fact that you're not taking this seriously...I had to hide that, hide a part time job , on top of a research paper on top , on top of internship and they said I wasn't taking it seriously?! [pause] (Interview#2, Pos. 150)

Recognition in the Profession

Despite the absence or limited celebration in the profession, the racialized dietitians interviewed in the study have a depth knowledge and accomplishments in their areas of practice across Canada. Their awards, education and advocacy efforts are important to document in the history of Canadian dietetics focused on racial representation. The testament shared by participant six is builds on the previously disclosed negative experiences of racialized dietitians and how whiteness in dietetics perpetuates who is valued in the profession (Hassel, 2019). The quote below illustrates the lack of recognition participants six received from an award and how power relations impact who is or is not of value.

I do think people darker skin colors do have it harder. So, anyone who might be Black might have to work even harder to get recognition about, you think it was, it probably is just a lot harder than it might be might have been. But at the same time, because I had to work so much harder my CV was that much more. Even when I got my award, people were like, what was it because you speak [language]. There was always that kind of not degrading, but diminishing of accomplishment (Interview#6, Pos. 41)

The sense of belonging is deeply tied to recognition in the dietetics profession from peers, colleagues, and patients. Literature by Wellington et al. (2021) highlights how being “othered” as racialized authors made them seek “opportunities for recognition and validation (acknowledgment) for our experiences within safe spaces” throughout their dietetic journeys (p. 61). However, a barrier to seeking recognition and finding belonging is the “your head down” mentality brought up by Sacha’s mother in vignette one and quotes shared by racialized dietitians on neutral experiences. As previously stated in the literature review and findings, assimilation

into dietetics due to whiteness in dietetic and seeking acceptance is common for racialized individuals. Finding a sense of belonging related to racial position in dietetics is observed by participant one as they consider how recognition is interpreted and felt as they navigated in the profession:

I'm not one for recognition to be honest, I don't mind helping people become their best self, like I had so many students, interns, colleagues and because I was trained as an educator I tend to take the teaching role and help people around me, if something gets done, it doesn't matter if I did it or somebody else did it, part of me is like that, it's not about the recognition so much, but now I'm thinking in terms of race is it that....yeah...you're making me think now...[hahah] (Interview#1, Pos. 239)

I applied for the tenure-track position, which is kind of like your being trained when you do your PhD, they sort of instill in you this is what you're supposed to be doing, and I considered with my family, relocating and all of this and I said "I really love who I am right now and I feel recognized, I feel appreciated for what I can contribute and I get to see the world from a different perspective and I like the team that I'm with" because I feel like at [current employer] I feel like we are pretty diverse, we're not inclusive and we're working on that but we are diverse andI turned it down [referring to tenure track positions]... It was a big decision, it was a HUGE decision and I turned it down... (Interview#1, Pos. 181)

Due to the scale of this study, I could not explicitly name the awards and advocacy effort that may in-directly name the participants from a small racial group in the dietetics profession. However, that does mean research around the history of racial representation in Canadian dietetics cannot be cited. For example, literature on the history of dietetics, such as a review of 25 years of practice history in Canadian dietetics by Brauer et al. (2022) does not mention racial demographics or racial issues in research is a persistent gap in research that does not openly account or name racialized dietitian. The lack of data collection or conversation on the matter of racism in dietetics history contributes to the invisibility of dietetics and questions the sense of belonging in dietetics. When asked what supports racialized dietitians to succeed in the profession, participant one focused on the need to “feel appreciated and recognized!”:

And to be given the opportunity...I know cost could be a factor , but it's also making them feel that they can be at the table and that they have a lot to contribute and that they're....at the table, they have a voice , what they are saying is valued and that they are equal....so they can provide the services to people of Canada that look like them...

(Interview#1, Pos. 208-211)

Contrary to racial recognition in the profession, a strong opinion raises questions on the reputability of dietitians. Although the main focus of the study is on racialized dietitian's experiences within the profession, participant two brings into question whether dietitians are truly deserving to be called nutrition experts. A plethora of literature on current context of dietetics in Canada provides review on the regulatory expertise of dietitians and in an “2014 Ipsos Reid poll conducted for DC revealed that 94% of Canadians agree dietitians are a credible source of food and nutrition information” (Dietitians of Canada, 2015b, para. 7). Regulatory differences in protected titles across Canada is what participants five expressed as “*probably the*

biggest shift that I've seen in sort of this almost erosion of credibility of dietetics because anyone can call themselves a nutritionist and given by ice regardless of their training and I don't know who's been as good as we should have in protecting our title dietitian and being recognized experts... (Interview#5, Pos. 104). Additional insight by participant two crosses intersects whiteness in dietetics and racial position of dietetics themes:

[Dietitians] don't deserve to be recognized-full stop they don't deserve to be recognized! If you look at healthcare in the metrics of chronic disease, we have spent more and more money trainings and staffing dietitians now working than there were 20 years ago when this was considered a crisis, we see numbers, chronic health numbers have only gotten worse from that perspective we can look at dietitians as a statistical and utter fail in regards to help Canadians and that is a 100% in my opinion because of the racist and oppressive systems that Dietitians of Canada has created throughout Ontario, uh throughout Canada in general! Fundamentally as a whole, dietitians are failing as a profession, the statistics prove it... like there's no there's reason... like the collaborative efforts between healthcare professionals don't prove anything... there's no respect! The fact that every other every other health care practitioner has a say in nutrition and has more power and influence over everyone then a dietitian is pathetic in my opinion. So no I don't think dietitians can serve to be recognized, right now, because they're not doing a good enough job until they do a good enough job they deserve a break but we do not deserve to call ourselves the nutrition experts at all furthest thing from it... (Interview#2, Pos. 21)

Inform anti-racist dietetic practice

To address racism in dietetics, anti-racist approaches must be taken to bring forth systems change that continue to perpetuate oppression against racialized dietitians. In this study, racialized dietitians share their thoughts and opinions to inform anti-racist dietetics practice from their lived experience and dietetic journey spanning from one year to nearly three decades of practice. Potential examples to inform anti-racist dietetic practice are three-fold: 1) addressing the root of racism, 2) reforming structures of professional practice, and 3) redressing racism through lifelong learning. Furthermore, anti-racism in dietetics practice cannot be guaranteed by solely working within the three areas outlined below, but rather combining intersectionality, CRT and other anti-oppressive approaches mentioned in chapters two and three. It is critical to note that these are not the only approaches to changing how racism operates in the profession, but rather entry points identified in all the interviews to beginning discussion that can lead to action.

Addressing Root of Racism

The process of becoming anti-racist requires reflection on the root causes of racism. Racism is built on the belief that “humans can be divided into a hierarchy of power on the basis of their differences in race and ethnicity” (Frideres, 2021, p.1). Anti-racism challenges the systems of discrimination and oppression in understanding the intersectional factors that hinder inclusion and diversity (Health Nexus and Health Equity Council, n.d., p. 8). Additionally, CRT explores how race is socially constructed and justified in society in the social, political, and economic spheres. In particular, the second tenet, permanence of racism reveals that race is embedded in society, and subsequently in dietetics practice (Atwood & López, 2014; Warren, 2019). The power imbalance and racial inequality is visible in the dietetics process with the over-

representation of white dietitians and undertone of white supremacy. Participant six shared a startling example of professional gatekeeping due to race:

One of the coordinators, is currently a known racist. She can be unkind to an international person, or some people, person with a different skin color can have a really hard time. And she's known for being selective in the selection process, how she loves people and decides whether they get to the internship or not. So, her standards must be higher. For someone with an accent. Her standards are 30% or are higher. (Interview#6, Pos. 48)

Naming racism and calling out inequitable behaviour is vital to addressing the root of racism in dietetics. Further context is shared by participant one who feels that “*people are not born with racism, hate and bias, its taught! It's taught either in the home, or in the school, in the curriculum, or it's the hidden curriculum and I think, it's not just one path its many different paths that's going to change it*” (Interview#1, Pos. 215). Participant one refers to the hidden curriculum, which creates the social environment and norms that reinforces existing social inequalities by educating students according to their class and social status (Troyna & Carrington, 2012). The informal and hidden curriculum is present in health professions including dietetics, where complex forces establish socially acceptable ways of behaving and practicing as a dietitian (Dart et al., 2019). The vignette with Sacha in the classroom illustrates the influence of the hidden curriculum from the moment they choose what clothes to wear and not challenge their classmates' feelings. Altogether the vignettes and negative experiences of racialized dietitians showcase the misalignment or understanding of cultural competency in the dietetics profession due to a predominantly white professional pool dictating the application and

outcomes. In the past, situations and stories have remained anecdotal, including quotes shared by participant two:

So let's talk about the institutionalization of the school and how systemically racist it is there! First of all I'm going to bring up one course alright and I forget what courses this is but it was looking at the diversity of cultures of the world read by a white woman. If that's not colonization talk, I don't know what it is....So now, by the way that class everyone breaks up to groups [and] what ends up happening is our only exposure to different cultures from an institutionalized setting is 100% observational! (Interview#2, Pos. 121)

The question then leads to how the characters cope with the situation, which includes being quiet or speaking up. Speaking up is never the easiest route of action; however, the direct means to action. Considering the emotional trauma shared in the interviews leads to the question of how we can support addressing inequality in the profession, when it happens and naming it (Burt et al., 2021). The uncertainty with follow-up and emotional trauma can deter people from voicing issues. Additionally, there is talk on allyship and accomplices who need to step up in the social justice spaces (DeBiase & Burt, 2020). Conversely, the CRT tenet states that white individuals will only speak up when it benefits them is an intersection between interest convergence and racism. A quote from participant two explores this perspective as they state:

I'm telling you Gurneet, the system is not broken it's the science is working the way it's supposed to work, it's to put white people on top and push everyone down.

...Yeah, it's 100% white supremacy....Its overt versus covert racism, all seriously.... It's nonsense, just like I'm not racist but I'm letting my husband make a lot of racist jokes and

policies. Yeah you're racist you're enabling him you're letting it happen! White silence is violence in ...with everything that's going on geopolitically right now we have dietitians that are ignoring to the Black Lives Matter movement, culturally erasing it, denying it altogether, still opposing the fact that my [social communication] has full some validity, it's saying the things that nobody's going to say... (Interview#2, Pos. 125-129)

Naming white women inflicting anti-Black racism in society is often referred to as Karens or Beckies (Williams, 2020). As mentioned in chapter two, Wellington's (2021) *Karens: Examining white female power dynamics in dietetics*, draws on examples of incidents of anti-racism as a Black dietitian in training. Similar to the thesis, the application of the CRT tenet of counter-storytelling draws on similarities to the theme of whiteness in dietetics recalled in chapter five. The superiority of being white and the power dynamics it brings to Karens illustrate how racism manifests in social situations. During the interviews, participant four shared a scenario:

Well go sit down then Karen, let me school you even at [states age], right now ...when I walk into a store people follow me! [pause] Because they think I can't afford whatever and I'm going to steal! ... Like are you kidding me, like you're following me around ...[pause]...even in the grocery store! I'm like, "can I buy my food and not get followed around" You [Karen] don't get followed around, you don't get called racial slurs... don't get told go back to your home? If I could, I would go back to [East Coast City], thank you very much! (Interview#4, Pos. 80)

Reforming Structures of Professional Practice

The call for reforming the dietetic profession by the participants demands a structural change in education, training, and professional culture. Participant two labeled the “ [current CEO's] letter about race issues and white supremacy as performative ! Until I see actual change regarding the internship program, with the leaders of the profession, with the regulatory college's mandate" (Interview #2, Pos. 137). In order to bring about this change, professional socialization must be challenged from its conventional state and shifted to meet the needs of anti-racist practice. As discussed in chapter two, the over-representation of white women in dietetics has influenced the profession's behaviors, curricula, and culture (Atkins & Gingras, 2009; Riediger et al., 2018; Siswanto et al., 2015). Although there are racialized dietitians and students in the profession, the social settings can be alienating, triggering insecurities that hinder the social process for racialized members (Keith & Moore, 1995). This is evident in all three vignettes, as the racialized student, intern, and dietitian feel compromised in what they can say or do alongside their white peers and educators. Therefore, there is a need for reform, as participant five stated,

“... We know change takes time and sometimes it takes it takes moments that takes movements and we're in the middle of one right now and it's painful, it hurts so the only thing you can hope for is that it achieves what it's designed to achieve that I think that we're certainly seeing steps in that direction even on the local level ... but at the end of the day at least the position [referring to gender and equity task force position] has been created and that there is someone with a mandate to fix it so even if it took way too long. I think we have to say it's good that at least we're moving in the right direction...” (Interview#5, Pos. 94)

Dietetics education informs practitioners of competencies and approaches to nutrition care practices. How the curriculum is designed and taught to students shapes the course of the profession beyond the classroom. The curriculum in dietetics programs may perpetuate stereotypes and biases, which can impact the education of racialized dietitians (Hassel, 2016; Azzahi et al., 2021). For instance, Hassel (2013) explains that dietetics curriculum may prioritize Eurocentric approaches to nutrition and health, which can perpetuate cultural differences rather than raise cultural awareness. This is illustrated in Sacha's vignette, where Eurocentric approaches to nutrition education override the cultural aspect of understanding diverse cuisines from around the world. An interview excerpt provides further context into the theme of whiteness in dietetics:

If there's no narrative the assumed narrative of 'let's do what the white people do' ...that's continued colonization... its continued ethical and racial trauma but this is what happens because nobody wants to change the narrative... let's default to white people, that's reality situation... (Interview#2, Pos. 90)

Racialized dietetic students face additional complexities in navigating the profession due to their dual identities, and the training environment plays a significant role in their initiation into dietetics culture. According to DeBiasse et al. (2021), racialized dietitians may experience discrimination and microaggressions from their peers and instructors, impacting their learning and well-being. They may be subject to racist comments or exclusion from group activities or discussions, as highlighted in Vesper's vignette. Racialized dietitians may also face a lack of representation in the profession, making it challenging to find role models, mentors, and peers who share their experiences and provide support and guidance (Ferozali, 2021; Mahajan et al.,

2021). Therefore, addressing barriers is essential to reform the profession, as expressed by participant three:

I think as a start given that our profession itself isn't very diverse like ...I think it is starting with anti-racism and like you know the idea of allyship and maybe even accomplice...I ... [sigh]....because I feel like it's so I feel like often what ends up happening is like it's the it's the racialized people who end up like taking the burden like of this work and so I think..... starting with like how do we get the profession itself to see that like these are issues and so it's kind of like you know it's almost like we need to start with the anti-racism piece in order for us to be able to like start the discussions of breaking down breaking down- the barriers that make it difficult for racialized dietitians to enter the profession and to succeed in the profession... (Interview #3, Pos. 92)

In order to ensure sustainable structural reform, there must be a shift in professional culture to promote the inclusive socialization of racialized interns into the dietitian profession. Previous literature and research have highlighted the obstacles faced by racialized dietitians in accessing resources and opportunities necessary for their education and professional growth (Mahajan et al., 2021; Dhami & Tsui, 2020). Moreover, experiencing racism can adversely affect the mental health and well-being of racialized dietitians, which can in turn affect their education (DeBiasse et al., 2022; Mahajan et al., 2021). Ziv's vignette highlights a sense of being exploited due to how racialized bodies are perceived within the profession. A quote from participant one highlights the optimism and caution when it comes to structural reform:

We're having these conversations that we typically don't have and I think this is great that this I mean it's unfortunate the way it started but it's great that the conversations are happening now and I do think that there will be change it has to be and it won't come I don't think it's going to happen quickly although I'd like it to happen quickly it's going to take time and now we're looking forward to your research (Interview#1, Pos. 286)

Overall, racism can have significant negative impacts on the training, education, and practice of dietitians. It is important for dietetics programs and professionals to address racism and work to promote diversity, equity, and inclusion in the field.

Redressing Racism through Lifelong Learning

Lifelong learning is embedded in dietetics practice with potential for readdressing racism through education and awareness. Previous literature on cultural competence states the lifelong journey to enact on knowledge and understanding into practice rather than instantaneously holding all knowledge (Adkins, 2017; Kessler et al., 2010; Hack et al., 2015). Opportunities for lifelong learning include the classroom, as illustrated in the first vignette with Sacha enrolled in a cultural food studies course. In the vignette accompanied by a quote from participant three, it is apparent that whiteness in dietetics can deter the focus on truly creating:

“Cultural competency [in] dietetics education”, that it will end up being like a course with a white professor just like talking about you know tokenizing cultures ...I feel like that's what would end up happening when... I think it really needs to be about bringing either- bringing in or at least like consulting folks from those communities ...doing it in a way that it's not about like stereotypes and tokenizing and actually about the relevant

issues to these communities while acknowledging that like they're not on a list"

(Interview #3, Pos. 87).

However, it's important to not give up on opportunities for learning as participant four shared that *"doing some education, we have a cultural sensitivity training when it came to the Indigenous population, and in that you know there was a lot of that... doing more of that and taking it upon themselves to understand different cultures"* (Interview#4, Pos. 149). Overall, overcoming the social dynamics is an obstacle in order to get to a point to promoting cultural competence to understand and welcome racial identities into dietetics (White & Beto, 2013).

Opportunities to embrace lifelong learning in realistic approaches is to utilize social justice approaches to advocate in dietetics. The impact from the social sciences is embraced with literature by Brady (2020; 2019) and Fraser and Brady (2019) understanding how dietitians view and enact social justice into the profession. Brady (2020) connects an opportunity to embed social justice into dietetics through client-centred care and reflexive practice. Fraser and Brady (2019) cite how health professions are called to take social justice advocacy into practice such as nursing. Additionally, nursing literature on EDI by Jefferies et al. (2018) and Bednarz et al. (2010) highlights opportunities to pursue diversity initiatives similar to recommendations proposed in this study. The key theme throughout all the literature is the value for knowledge and confidence acquired in practice through the readiness to putting learnings into practice (Duyff, 1999). The participants view on social justice aligned with the literature with a key observation on seeing shifts in practice in the past five years.

Even like in recent news like with everything a lot of these movements have started by racialized individuals and they tend to turn into white movements and now I'm even thinking..... about maybe like the work I'm doing thinking about like anti-racist practice

and dietetics and being racialized myself.... this is starting offI don't think I'm the first one to bring this up but it's starting off with like maybe me doing their research but I even wonder if this is going to turn into a white movement (Interview #3, Pos. 97)

I definitely think you know in the last five years it's become much more front of mind in a lot of areas so understanding marginalized groups whether they are Indigenous Peoples in Canada whether their racial racialized groups and you know whether they are just different members of different communities that are underrepresented ... in various professions it's definitely you know come to mind, and I think many years ago when we wouldn't question the makeup of faculty or the makeup of our teaching of our teaching group I think a lot of us are questioning that now and I think with social media or not on it that much it's become a very powerful tool for raising awareness ... I think definitely the last year that's become even more apparent, and the hope is that through all the chaos that we're living through now and hopefully some good comes of it and people realize that the status quo must change it must be diverse and a lot of places.... (Interview#5, Pos. 92)

Redressing racism in the dietetics field over the past five years has expanded to include organizational shifts and initiatives. Examples include DC's (2020) New Strategic plan: 2020-24 with an EDI focus on community along with consultants conducting surveys and EDI audits. Critical Dietetics (2020) hosts anti-oppression events with alternatives views in dietetics and published *Blacks and Racism in the Dietetics Field: From Diet-Related Health Disparities to Racial Microaggressions* (2021) journal special in addition to the introduction of the Evelyn Ford Crayton Student Leadership and Community Engagement Award to support BIPOC dietetic students. The Canadian Nutrition Society (CNS) has also issued an EDI statement with working committee along with travel awards to support the inclusion of diverse members holding

membership. However, in no way has the issues been resolved within this limited time span, efforts to become more inclusive in conversations, events and professional development spaces have become more of a focal point.

Participant two voiced a strong opinion that *“DC just needs to burn! DC needs to fall it needs to be dismembered and then Critical Dietetics should be the one taking this place... [because] it doesn't have the industry connections that DC ... the fundamental question I'd like to ask every dietitian is what would happen at DC falls?(Interview#2, Pos. 37).* Both DC and CNS are supported by industry, which can create a divide between activists working towards social justice (Muir & Greenberg, 2021). Critical Dietetics produces research through journals and engages with interdisciplinary audiences to advance the food studies field, which includes dietetics. Many publications on diversity and anti-racism in dietetics are referenced in this thesis are published in the Journal of Critical Dietetics (Brady et al., 2022; Brady, 2019; Burt et al., 2021; Mahajan et al., 2021; White, 2013; Warren, 2019). Additionally, participant two answer's their own question by saying *“ If there's no DC anymore, if we lose ineffective advocacy, what happens to dietitians? Nothing, literally nothing happens to dietitians! We're still recognized as the only nutrition health care provider in Canada (Interview#2, Pos. 38).* The optimism along with caution will continue to be expressed through the lifelong learning process of readdressing racism within the dietetics profession.

Summary

In this chapter, I analyzed findings focused on improving the dietetics workforce in Canada to answer the third research question. The next chapter will conclude the study while addressing limitations and recommendations for future exploration.

Chapter 7: Conclusion

The research data collected from the eight racialized dietitians provide an opportunity to present a portion but not a conclusive representation of experiences faced by all racialized dietitians in Canada. In other words, the findings of this study are not generalizable. Racial inequality from historical events remains woven into Canadian society. Examples include accessing citizenship, economic, social and political status for racialized people who have lingered behind white people (Berry, 2013; NARCC, 2007; DiTomaso, 2021). These inequalities can severely affect racialized communities living, working and studying in Canada. This impact extends into the dietetics field, where the over-representation of white dietitians pervasively dominates the job's areas of focus and outlook (White, 2013; Wellington, 2021). Areas such as inequality and racism in dietetics have not been at the forefront of the profession, with experiences of racialized dietitians, perceptions of race and racism and an opportunity to improve racial diversity in Canadian dietetics explored in this chapter, followed by an overview of limitations of the study, recommendations for future research and advocacy.

The increased presence of whiteness in dietetics is visible, but understanding how it manifests in the profession and impacts racialized dietitians is understudied or ignored. Occasional quotes and anecdotes in studies such as Atkins and Gingras, (2009), Gingras (2008), Brady (2020) and MacLellan et al. (2011) present some context but do not paint the whole picture. In particular, dietitians and scholars conducting these studies are white and part of the majority of the dietetics profession population. Examples of allyship in research by Riediger et al.'s (2018) *Diversity and equity in dietetics and undergraduate nutrition education in Manitoba* and Mahajan et al.'s (2021) *Call to action to improve racial diversity in dietetics* showcase an

opportunity for professional advocacy. A handful of self-racialized dietetic professionals have co-written articles about research on racial diversity in Canadian dietetics; notable examples include Wellington's (2021) *Karens: Examining white female power dynamics in dietetics* and Wellington et al.'s (2021) *Opening the door to dialogue: Experiences from equity-seeking students in dietetic education* published in the Journal of Critical Dietetics.

Addressing and naming the existence of racism and its impact on the dietetics profession in Canadian dietetics is long overdue. With over a hundred-year history of the profession documented in Canada, such an undertaking to critique the systemic racism within the dietetics profession has remained intact. The CRT theoretical framework serves as a powerful lens through which we can analyze and address the deep-seated racial inequalities that persist in our society (Solórzano & Yosso, 2002; DeCuir & Dixson, 2004; bell hooks, 1992). Its power lies not only in its capacity to critique, but in its potential to inspire meaningful action and change.

As a qualitative research approach, IPA prioritizes understanding the subjective experiences of individuals. In my study it provided the methodological grounding to gain insight into the worldview of racialized dietitians, with a focus on feelings, behaviours, perceptions and events that were shared in the semi-structured interviews. Using IPA to hone in on a the deep exploration of meaning-making with a small sample size, allowed me to focus on thematic analysis, which made it a powerful method for my study. IPA is valuable for exploring complex human phenomena (Alase, 2017; Larkin & Thompson, 2012; Smith & Osborn, 2008; Pietkiewicz, & Smith, 2012).

Additionally, the three vignettes integrate the analysis from CRT and IPA to provide a more comprehensive understanding of the research topic. Using vignettes in qualitative research is a valuable technique for creating counter-stories that challenge dominant narratives and

amplify marginalized voices and conceptualize sensitive topics such as racism (Sampson & Johannessen, 2020). The outpour of data exceeded the study's allocated time and scope. It showcased the potential for future research and value to address gaps in various segments of the profession, missing meaningful perspectives and engagement from racialized dietitians.

The anticipated outcomes of the study have the potential to increase knowledge and understanding of the diversity and racialized experiences of dietitians in Canada. Presently, the homogeneity of white middle-class females in dietetics reinforces the power of privilege by the dominant group (Lordly& Dubé, 2012; White, 2013). By critically analyzing race and social theory, awareness of the invisible structures that can visually limit the diversity in the dietetic profession can be unveiled (Gingras, 2008). Furthermore, understanding the inclusion of racialized dietitians can support cultural humility training and improve health care serving diverse populations (Setiloane, 2016). Therefore, commencing research on racial diversity and intersectionality in Canadian dietetics will help create a pool of research that is anticipated to grow as more dietitians begin to critically reflect and contribute their findings to strengthen the dietetic profession.

This study is the first known thesis in Canadian dietetics to be undertaken by a self-identified racialized student. In conjunction with the research, it is simultaneously advocating online, in class and at events in the dietetics field to bring forth transformed change to redress racism through meaningful actions. My dietetics journey has been immensely documented through blogs, posts, jobs and talks I have given throughout my five years at Mount Saint Vincent University. The hardships that led me to explore this thesis topic followed me throughout the process with obstacles and challenges similar to participants' experiences. I

believe my contribution can entice researchers to commence research serving equity-deserving groups as well as provide inspiration to support their dietetic journeys with some solace when they are trapped in isolation and loneliness.

Limitations

When reviewing the findings of a study, it is crucial to take into account the limitations that come with conducting research. These limitations can stem from the study design, data analysis, and the researcher's positionality. In this particular study, there were limitations related to recruitment and language barriers. Not everyone may have seen the recruitment poster due to limited access to virtual platforms or social media networks. Additionally, excluding non-English speakers may have excluded essential voices from the study. While it would have been ideal to conduct a multi-lingual study, it was outside the scope of this particular research. It is important to note that participation in the study was voluntary, which may have influenced the results as only those willing to share their experiences participated. This could have led to a bias in the results as not all experiences may have been pleasant. During the interviews, many discussions went beyond the scheduled 60-minute time frame. Valuable information was gathered during pre- or post-recording discussions that are referred to in the off-the-record comments section. Participants with over 20 years of experience shared that they needed more time to reflect on their extensive dietetic journey and recollected comments from previous questions later in the interview. Further discussions and follow-ups with other participants may lead to similar or different results, depending on their years of practice and willingness to discuss race and racism.

This study reveals the phenomena that constitute racialized dietitians' identities as they become and practice as dietitians. The findings apply to the study participants and possibly other

racialized dietetic students and dietitians in similar situations. This IPA research, however, is not intended to be generalized to a larger population (Alase, 2017). Furthermore, the goal of the phenomenological approach is to provide detailed descriptions of individual experiences or specific human occurrences; nevertheless, the results of such investigations should not be deemed generalizable (Giorgi, 2008; Trumbull, 1993). Instead, it sought to understand specific experiences throughout a racialized dietitian dietetic journey and then develop research around racism, a broader phenomenon beyond racial discrimination (Giorgi, 2008; Giwa, 2016; Jackson, 2019). Additionally, the qualitative methodology of this study hones into subjectivity in data rather than condensing information to find an objective truth, which is common in quantitative studies (Attride-Stirling, 2001). Each participant has unique experiences based on their intersectional identities extending beyond race. There needs to be more information to generalize, and we should generalize all experiences of racialized dietitians to a single study.

I have acknowledged how I actively participated in the research process and interpreted the findings as the lead researcher. Engaging in this research has been personally rewarding as my knowledge and research skills have increased immensely. However, I have also found it quite challenging, particularly during the data collection and analysis stages. I would describe the emotional impact as visceral or secondary trauma I endured from hearing the countless stories of pain, anger and grief from participants in the study and members of the Canadian dietetics community in my advocacy. Subsequently, this has led to delays in data dissemination of the findings due to my dual relation as an activist and researcher. I have become vulnerable as a racialized student tackling a taboo and sensitive topic of racism while entering the same profession as a dietitian. In order to be transparent of my experiences, I have adopted a reflective and reflexive approach to the research by identifying my positionality, outlining the procedures

and presenting transcript extracts in order to allow the reader to reflect on my interpretations and consider possible alternatives (refer to Appendices). I feel fortunate to have gained an in-depth insight into racialized dietitians' experiences in Canada and developed a very empathic stance. This will help me in my advocacy and practice as I now have a better understanding of how I can support racialized dietitians and, hopefully, improve the professional advocacy and knowledge exchange in dietetics.

As the lead researcher, I actively participated in the research process and interpreted the findings. Engaging in this research was both challenging and rewarding, as it increased my knowledge and research skills. However, the emotional impact was visceral and difficult to handle during the data collection and analysis stages. I heard countless stories of pain, anger, and grief from study participants and Canadian dietetics community members in my advocacy. As a result, there have been delays in disseminating the data findings due to my dual role as an activist and researcher. Being a racialized student tackling a sensitive topic of racism while entering the dietitian profession has made me vulnerable. To be transparent about my experiences, I have adopted a reflective and reflexive approach to the research by identifying my positionality, outlining procedures, and presenting transcript extracts. This allows readers to reflect on my interpretations and consider possible alternatives.

After researching racialized dietitians in Canada, I gained a deeper understanding of their experiences and developed more empathy toward their struggles. This knowledge will be valuable in my advocacy and professional practice as I work towards supporting these dietitians and improving knowledge exchange in the field. During the data analysis and dissemination stage, we uncovered numerous topics that warrant further exploration in future research. These include the impact of weight and eating disorders on racialized bodies, the effects of anti-Black

and anti-Indigenous racism in healthcare and dietetics, the educational trajectory of BIPOC dietitians, and social justice activism to promote practitioner mobilization and better patient care. These findings will inform future recommendations.

Recommendations

Participants shared suggestions based on their personal experiences and needs, as well as those of their peers, as racialized students and dietitians. Their recommendations encompass framing future research with CRT, establishing effective communication channels within the profession to reduce harm, providing mentorship and professional development opportunities, and reforming the dietetics systems from programs to regulatory colleges.

Applying CRT to Deconstruct Racism in Dietetics

Using CRT framing can help researchers and participants work together to create counter-stories that accurately reflect their experiences. This approach has been used to study the experiences of Black and racialized dietitians in the US by researchers including White (2013; 2018), White and Beto (2013), and Warren (2017). Compiling these counter-stories, these researchers have provided a first-person account of how racial identity influences dietetic education and professional practice. In Canada, where there is a lack of publicly available data about racialized dietitians, it is essential to collect stories from racialized dietetic students and professionals to improve their understanding of the profession. Providing funding and support to intersectional groups can also help embed anti-oppression and anti-racism values in Canadian and international dietetics associations.

Before further data collection, voicing concerns about harm, racism and inequity faced by dietetic students and professionals is challenging to navigate. The extent of human resources protocols may not be as helpful as many individuals do not seek formal support and are often

silenced or choose to remain silent for years or inevitably. The fear of superiors jeopardizing an individual's future in dietetics and gaslighting are often noted as reasons for not speaking up. For students and interns, the remark of “waiting until you get your license” is shared within the dietetics community as a survival tactic. As a researcher and racialized dietetic student, I have heard harmful stories from many individuals beyond this study and the need for support for those experiencing harm is limited in support services. Creating protocols for safely and anomalously disclosing harm must be made more visible and accessible for Canadian dietetic students and professionals.

Creating Diversity Dialogue from Education to Practice

It is essential to reform the curriculum for dietetics by incorporating interdisciplinary approaches toward anti-oppression education and practice. This includes integrating principles of social justice, anti-racism, anti-Black racism, and anti-oppression into the profession to create an equitable and inclusive environment. Such changes are necessary to support racialized dietetic students' journey to becoming dietitians. Criticism has been raised against health professions' failure to adapt to the changing social-political climate with policies and professional practice mandates. The new ICDEPs offer an opportunity to introduce structural changes in the curriculum, education, and internship settings. Post-secondary institutes, including dietetic university programs, are prioritizing focus on diversity, equity, and inclusion. This presents opportunities for research, events, and initiatives for faculty in nutrition and dietetic departments across Canada to explore. Sustainable funding and leaders are essential to support meaningful programs and initiatives that acknowledge students' intersectional identities. This is crucial for meaningful engagement by nutrition and dietetic departments in Canada.

After graduating from post-secondary institutions and becoming Registered Dietitians, members must adhere to professional conduct through jurisprudence across the provinces and territories in Canada. The regulatory colleges ensure that this is followed and serve as the primary source of data for demographic information on registered dietitians in the region. Unlike professional associations, registered health professions' membership with regulatory colleges is mandatory. Currently, regulatory colleges do not collect data on race, language, religion or other descriptors beyond gender/sex. However, collecting this information could be a unique opportunity for collective data gathering that can be shared with the Canadian Institute for Health Information. Other health professionals already disclose data for public access and governments for review at the Canadian Institute for Health Information.

Organizations taking on equity, diversity and inclusion consultants to shift governance structures with workshop presentations and organizational audits are the beginning of many future actions required to enact change. As well-intentioned as these efforts are, leaders enacting change and moving past performative allyship into sustainable change can only be achieved by addressing the harm and inaction from past events. Racialized dietitians need to be heard, not just seen in photos and posts. Understanding the lived realities, as what I call “testimonials you will not see on websites,” speaks to the struggles, challenges and difficulties not known or affecting white dietitians is a challenge yet to be reckoned. The creation of BIPOC-only spaces, groups and supports can provide an opportunity for individuals from these racialized identities to show up. Additionally, solidarity among all intersectional identities in dietetics can lead to groups which honour and respect all members and enact the recommendations from the equity, diversity and inclusion consultants with structural shifts.

Promoting Diverse Mentorship and Professional Belonging

During the discussion, participants emphasized the importance of mentorship in promoting the future of dietetics. Mentors were highlighted as valuable sources of motivation, advice, and guidance in navigating the profession. Some participants also shared their positive experiences with white mentors, highlighting the significance of allyship and support in advancing in the field. Promoting diversity in Canadian dietetics requires established formal and targeted mentorship programs, similar to the American Diversity Dietetics mentorship program, which can be implemented and coordinated in Canada.

Belonging to professional organization membership associations such as Dietitians of Canada, Critical Dietetics, and Canadian Nutrition Society is not a requirement for practicing as a Registered Dietitian. These memberships are typically voluntary and offer additional benefits for those interested in research, advocacy, and lifelong learning. Dietitians of Canada, established in 1935, has been a significant player in Canadian dietetics. Recently, they have begun commissioning research projects to gather demographic data of recent graduates, conduct equity, diversity, and inclusion-focused reviews, and create a strategic plan to promote discussion on belonging among members and non-members. Members and non-members are encouraged to voluntarily engage in these initiatives, representing promising first steps for the organization's 87-year history. Collaborating with different dietetic and nutrition organizations will be crucial to achieving diversity-focused goals and reaching more professional members.

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Appendices

Appendix A Ethics Clearance



*University Research Ethics
Board (UREB)*

Certificate of Research Ethics Clearance

<input checked="" type="checkbox"/> Clearance	<input type="checkbox"/> Secondary Data Clearance	<input type="checkbox"/> Renewal	<input type="checkbox"/> Modification	<input type="checkbox"/> Change to Study Personnel
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Effective Date	June 26, 2020	Expiry Date	June 25, 2021
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File #:	2020-007
Title of project:	Re-setting the Table: Exploring the Counter-stories of Racialized Dietitians in Canada Re-setting the Table: Exploring the Counter-stories of Racialized Dietitians in Canada
Researcher(s):	Gurneet Dhami
Supervisor (if applicable):	Jennifer Brady
Co-Investigators:	n/a
Version :	1

The University Research Ethics Board (UREB) has reviewed the above named research proposal and confirms that it respects the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* and Mount Saint Vincent University's policies, procedures and guidelines regarding the ethics of research involving human participants. This certificate of research ethics clearance is valid for a period of **one year** from the date of issue.

Researchers are reminded of the following requirements:	
Changes to Protocol	Any changes to approved protocol must be reviewed and approved by the UREB prior to their implementation. Form: REB.FORM.002 Info: REB.SOP.113 Policy: REB.POL.003
Changes to Research Personnel	Any changes to approved persons with access to research data must be reported to the UREB immediately. Form: REB.FORM.002 Info: REB.SOP.113 Policy: REB.POL.003
Annual Renewal	Annual renewals are contingent upon an annual report submitted to the UREB prior to the expiry date as listed above. You may renew up to four times, at which point the file must be closed and a new application submitted for review. Form: REB.FORM.003 Info: REB.SOP.116 Policy: REB.POL.003
Final Report	A final report is due on or before the expiry date. Form: REB.FORM.004 Info: REB.SOP.116 Policy: REB.POL.003
Privacy Breach	Researchers must inform the UREB immediately and submit the Privacy Breach form. The breach will be investigated by the REB and the FOIPOP Officer. Form: REB.FORM.015
Unanticipated Research Event	Researchers must inform the UREB immediately and submit a report to the UREB within seven (7) working days of the event. Form: REB.FORM.008 Info: REB.SOP.115 Policy: REB.POL.003
Adverse Research Event	Researchers must inform the UREB immediately and submit a report to the UREB within two (2) working days of the event. Form: REB.FORM.007 Info: REB.SOP.114 Policy: REB.POL.003

*For more information: <http://www.msvu.ca/ethics>

Dr. Daniel Séguin, Chair
University Research Ethics Board

Halifax Nova Scotia B3M 2J6 Canada
Tel 902 457 6350 • [msvu.ca/ethics](http://www.msvu.ca/ethics)

Appendix B
Letter of Information



Letter of Information

Dear Colleague,

Thank you for your interest in my research study titled, **Re-setting the Table: Exploring the Counter-stories of Racialized Dietitians in Canada**. In this letter you will find information about the purpose and procedures of this study, as well as the role you may play if you choose to participate.

Purpose: The purpose of my research is to explore the experiences of racialized dietitians of being and becoming a dietitian. The findings from this research will also be used in scholarly publications and conference presentations, as well as in my MSc Thesis.

About me: This study is being conducted by Gurneet Kaur Dhami, MSc AHN (c) at Mount Saint Vincent University, who is a racialized dietetic student, more specifically a Sikh South Asian Woman.

Participation in this study: As a participant in this research project you will be asked to participate in a one-on-one interview conducted by Gurneet Dhami at a date and time of your choosing. The interview will take place via Blackboard Collaborate, a video software offered by Mount Saint Vincent University, and will take approximately one-hour. The interview will be audio-recorded, and the audio-file will be transcribed verbatim. The transcript will provide the data for this research from which insights about the experiences of racialized dietitians in Canada will be made. Your participation in this research is voluntary, and you may choose to withdraw your participation at any time up to the point when the results of the study are disseminated via my thesis, scholarly publication, and/or scholarly conferences. Withdrawal from the study will not result in any penalty or impact on your relationship or future dealings with Mount Saint Vincent University.

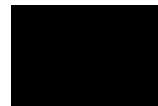
Participants may choose not to answer questions or skip questions over the course of the interview. You have the right to request that any part of your interview be withheld or removed. Audio-tapes and/or any other recordings and transcriptions will be kept on a password protected computer and no identifying information will be marked on the material. Following ethics protocol, audio files and transcripts will be kept for a duration of 5 years. Pseudonyms will be used in any reports, publications or presentations using this data.

Risks and Benefits: There is minimal, or no risk associated with your participation in this study. As research focused on racism, discomfort can arise from questions therefore I will provide contact information for counselling support services that specialize in supporting racialized individuals if need be. You may experience positive satisfaction by sharing your story. This is the first study to explore and understand the lived experiences of racialized dietitians in Canada. The research study may benefit the scientific community with making race-based data available and connected to research in the nutrition/dietetics profession. If you wish to participate in this research, please sign the attached consent form and return it to me via email, or via post to:

gurneet.dhami@msvu.ca

or

Gurneet Dhami



Please feel free to contact myself or my research supervisor, Dr. Jennifer Brady, if you require further information or if you have concerns about this research project.

Contact Information:

Student Researcher:

Gurneet Kaur Dhami, BAsC.

M.Sc. Applied Human Nutrition Candidate

Mount Saint Vincent University

e: gurneet.dhami@msvu.ca

t: [REDACTED]

Faculty Supervisor:

Jennifer Brady, RD, PhD

Assistant Professor

Applied Human Nutrition

Mount Saint Vincent University

166 Bedford Highway

Halifax, NS, B3M 2J6

e: jennifer.brady@msvu.ca

t: [REDACTED]

If you have questions about how this study is being conducted and wish to speak with someone not involved in the study, you may contact Brenda Gagne, the Coordinator of the University Research Ethics Board (UREB) MSVU Research Office, at 457-6350 or via e-mail at Brenda.gagne@msvu.ca.

Appendix C
Consent Form



Consent for Audio/Video Recording Form

Participant Name (please print)	
Research Study Title	Re-setting the Table: Exploring the Counter-stories of Racialized Dietitians in Canada
Researcher	Gurneet Kaur Dhami, BAsC. M.Sc. Applied Human Nutrition (c)

By signing this consent form, I _____ am agreeing to the following:
(print name)

- I will participate in a one-on-one interview conducted by Gurneet Dhami that will take approximately one-hour and that will be audio-recorded
- I will be asked about my experiences of being and becoming a racialized dietitian in Canada
- I am aware that I am able to withdraw this consent at any time without penalty or consequence, at which time the recordings will be completely erased and destroyed.
- I understand that the recordings will be confidential and that no information that may be used to identify me (i.e. my name, workplace, university affiliation) will be given to anyone or will be used in the dissemination of the research results
- I consent to excerpts of these recordings, or descriptions of them, being used by the researcher for the purpose of research or the presentation of research.
- I understand that there is no compensation for this study and on a voluntary basis
- I understand that if I have any comments or concerns resulting from my participation in this study that I can contact the Research Ethics Coordinator, Office of Research Ethics, at

902-457-6350 or research@msvu.ca.

Signatures

Participant: _____

Date: _____

Researcher: _____

Date: _____

Do you wish to receive a summary of the research findings? (Report will be sent to your contact email address provided below)

☐ **YES**

☐ **NO**

Contact number: _____

Contact email: _____

Appendix D

List of Counselling Support Resources

Mental Health Counselling (Canada):

Across Boundaries:

<https://www.acrossboundaries.ca/>

Phone: (416) 787-3007

Email: info@acrossboundaries.ca

Crisis help lines across Canada:

https://www.canada.ca/en/public-health/services/mental-health-services/mental-health-get-help.html#Crisis_help_links

Appendix E
Recruitment Poster

**ARE YOU A RACIALIZED
DIETITIAN LICENSED TO
PRACTICE IN CANADA?**


RACIALIZED DIETITIANS INCLUDE THOSE WHO IDENTIFY AS A MEMBER OF:

BLACK/AFRICAN CANADIAN, SOUTH ASIAN, CHINESE, BLACK, FILIPINO,	LATIN AMERICAN, ARAB, SOUTHEAST ASIAN, WEST ASIAN, KOREAN, JAPANESE,	VISIBLE MINORITY, PERSON OF COLOUR, ETHNIC IDENTITY, MULTIETHNIC	MULTIRACIAL, RACIAL AND ETHNIC IDENTITY, RACIALIZED, EQUITY SEEKING GROUP, ETC.
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Interviewees must speak and write English to participate

Are you willing to share your experience of being a racialized dietitian in Canada with a racialized dietetic student?

Participate in an 1 hour voluntary interview over Blackboard Collaborate (MSVU Videocall software)



For more information, contact:

Gurneet Kaur Dhani, MSc (c)
Gurneet.Dhani@msvu.ca

REB #

Appendix F

Recruitment Emails

General Recruitment email:

Dear Colleagues,

My name is Gurneet Kaur Dhani and I am racialized dietetic student, more specifically a Sikh South Asian Woman.

I am also a student in Mount Saint Vincent University's Master of Science program and am conducting research on the experiences of racialized dietitians in Canada of being and coming a dietitian.

If you identify as a racialized dietitian, and may be willing to participate in my research, I would like to hear from you. You may identify as a racialized dietitian if you belong to one of the following groups:

Black/African Canadian, visible minority, person of colour, ethnic identity, South Asian, Chinese, Black, Filipino, Latin American, Arab, Southeast Asian, West Asian, Korean, Japanese, multiethnic, multiracial, racial and ethnic identity, racialized, equity seeking group, etc.

Participation in the study involves a one-on-one interview that will take approximately 1-hour, and will take place via Blackboard Collaborate, a video software offered by Mount Saint Vincent University.

To participate in this research, you must be able to read and write in English, be licensed to practice dietetics in Canada, and identify as a racialized dietitian or be a member of one of the above groups.

If you are interested in taking part, please contact me at [REDACTED] or gurneet.dhani@msvu.ca for more information.

Thank you,
Gurneet Kaur Dhani

Script for snowball email:

Hi [name],

Thank you for being so kind as to pass along the information about my master's thesis study to your colleague(s). Could you please forward the below information to them for their consideration?

Thanks,
Gurneet

My name is Gurneet Kaur Dhami and I am racialized dietetic student, more specifically a Sikh South Asian Woman.

I am currently completing my thesis, as an MSC Candidate at Mount Saint Vincent University and I am inviting you to participate in my thesis research project. The title of the research project is **Re-setting the Table: Exploring the Counter-stories of Racialized Dietitians in Canada.**

I want to hear racialized dietitians in Canada, about their experiences of racialized dietitians of their dietetics education, training, and professional lives. Participation in the study would involve a virtual interview (approximately 1 hour) using Blackboard Collaborate, a video software offered by Mount Saint Vincent University.

The interviews will be conducted in English and require the participant to speak and write in English.

If you are interested in taking part, please contact me at [REDACTED] or gurneet.dhami@msvu.ca for more information and to confirm that you are eligible to participate.

Appendix G

Draft emails for registering participants

Draft email to verify eligibility:

Hello [name],

Thank you so much for your interest in participating in my research study!

For this research study, I am aiming to include as diverse a group of interviewees as possible. To do so, I would like to ask you a few questions. Please provide the following information

1. Do you self-identify as being racialized? If so, how do you identify your racial identity?
2. For how many years have you been licensed to practice dietetics in Canada?
3. Where are you currently licensed to practice dietetics in Canada?

You can reply via email or if you would rather talk over the phone or have any questions, feel free to reach me at [REDACTED] or gurneet.dhami@msvu.ca.

Thank you,

Gurneet Kaur Dhami

- **Draft email for eligible participants:**

Hello [name],

Thank you for getting back to me regarding my research study.

Based on your responses to my previous email, you meet the inclusion criteria and are eligible to be a participant for the study.

I would like to book a date and time to conduct the interview with you. This would take place online over Blackboard Collaborate, a video software offered by Mount Saint Vincent University. Please let me know when you are available in the upcoming weeks, as I have times available on [insert dates and times]. Let me know if any of these would work for you. I am attaching the letter of information about my study, along with a consent form. Can you please review the information, and let me know if you have any questions? You can reach me via email or by phone (contact information is listed in the letter). If you are still willing to participate and give your consent, please sign the consent form and email or post it to me (a stamped envelope will be provided).

Thank you,

Gurneet Kaur Dhani

- **Draft thank you email for ineligible participants:**

Hello [name],

Thank you again for your interest in participating in my Master's thesis study, **Re-setting the Table: Exploring the Counter-stories of Racialized Dietitians in Canada**. Unfortunately, based on the inclusion criteria and your response to the email you are not eligible for the current study. I appreciate your willingness to participate and thank you again for your interest.

Thank you,

Gurneet Kaur Dhani

Appendix H

Social Media Posts

Social media posts:

[The recruitment poster from Appendix D will also be shared on social media, with the below text]

Are you a racialized dietitian in Canada?

Do you self-identify with any of the racial/ethnic groups mentioned in the poster or other groups that are non-White?

Are you willing to participate in a 1-hour interview for a research project that is exploring the experiences of racialized dietitians in Canada?

If your answer is yes, please contact Gurneet Dhani, a racialized dietetic student, more specifically a Sikh South Asian Woman, to find out more about this research.

Appendix I

Interview Guide

Preamble:

- I will review the following points with participants at the beginning of the interview:
 - Participants will be asked if they have any questions and given time to ask and have answered any questions
 - Participants will be asked if they understand what is being asked of them
 - Withdrawal procedures will be reviewed
 - Interview will take approximately 1 hour.
 - Participants have the right to stop audio-recording at any time (i.e. to take a break, to see to other business, to say something they do not want recorded).
 - Participant notified when the recorder is being turned on

Thank you for joining me today (insert name) to talk about your experience as a racialized dietitian. My name is Gurneet Kaur Dhami, I am a racialized dietetic student, more specifically a Sikh South Asian Woman who will be conducting approximately an hour-long interview with you.

- Share my story in dietetics:

What brought me to dietetics is a book, I knew I wanted to explore recipes like the dietitian. Making the conscious decision in high school to take home economic based electives I found myself at Ryerson University. It was during my finally year of study that I heard a microaggression against me stating that “ I wouldn’t fit in wherever I went to study or do internship.” It was this moment that started my journey into explore race in dietetics and I quickly found myself to be among the few in the room. Over the last 3 years at MSVU, I have taken part in events, organizing and programs to discuss race/ racism in dietetics, which has brought me to my thesis work. The importance to document stories I did not hear going through my dietetic journey are the critical counter-stories I hope to gather with my research and ongoing work dietetic activism in Canada.

- Ask participant if they have any questions for researcher

Proposed Questions:

1. What made you decide to pursue dietetics as a career?
2. For how many years have you been a dietitian?
3. There are a lot of different ways to racially and ethnically self-identify. Just as I did at the beginning of the interview and identified on the recruitment posters. How do you describe your racial/ethnic identity?
4. How would you describe the racial/ethnic diversity of the dietetic profession in Canada?

Possible probes:

- a. Would you describe the dietetic profession in Canada as diverse?
 - b. How closely do you think the racial demographic make-up of the dietetic profession represents the Canadian population?
 - c. How, if at all, do you think the racial diversity within the profession has changed over the course of your career?
5. Tell me about your experience as a racialized dietitian in Canada.
 6. How did the lack of/presence of diversity you describe within the profession impact your experience of becoming and being a dietitian?

Possible probes:

- a. How did the lack of/presence of diversity among **students** in your undergraduate degree or internship cohort impact your experience of education and training to become a dietitian?
- b. How did the lack of/presence of diversity among **faculty** in your undergraduate degree or internship cohort impact your experience of education and training to become a dietitian?
- c. How, if at all, do you think that being a racialized person impact your interest in, evaluation of, or supports you did or didn't receive to apply for or secure an internship?

- d. How has the lack of/presence of diversity among **colleagues** impact your experiences of practicing as a dietitian?
7. How, if at all, do you believe racism has impacted your experience of being a dietitian?

Possible probes:

- a. How, if at all, do you believe racism has impacted your advancement in your education or career as a dietitian?
 - b. How is at all do you believe racism has impacted your relationship with your peers, colleagues, and/or clients?
 - c. How, if at all, do you believe racism has impacted your sense of wellbeing and belonging as a member of the dietetic profession in Canada?
8. What do you think needs to happen within the dietetics profession in Canada to:
- a. improve the racial diversity of the dietetic workforce in Canada
 - b. support racialized dietitians to succeed in the profession
 - c. inform anti-racist dietetic practice
9. Keeping in mind that this research is about racialized dietitians' experiences of becoming and being a dietitian, is there anything that we have discussed that you might like to elaborate upon, or anything else you like to share that I did not ask about and that is related to your experience as a racialized dietitian?
- Thank them for participating and turn of the recorder

Appendix J

Interview Question Findings

Each of the participants answered the nine questions from the interview guide (refer to Appendix I). A summary of their responses are outlined below with sub-themes, codes and supporting quotes in tables and in summary statements.

Q1: What made you decide to pursue dietetics as a career?

A variety of shared responses were mentioned by all eight participants, in particular three stood out. Family connection to food, a STEM career choice, and exposure to health issues or nutrition in teenage years. From the eight participants, three participants pursued dietetics as a second degree, and a fourth participant transferred degrees into nutrition from another program/university. Only half of the participants pursued dietetics as their first degree, with some awareness of a career in nutrition as a possibility. There was also a common understanding set by the participants' families to pursue a STEM [Science, technology, engineering, and mathematics] career option, and because nutrition was in the sciences field, there was comfort expressed by participants and acceptance from their families to pursue this career option. Additionally, influence from their family was also apparent in their connection to cultural foods with peaked interest in learning more about the nutrition and cultural cuisine. Factors of influence also included personal health struggles with weight and disordered eating as an entry point into a dietetics degree.

Question 1 Table: sub-themes, codes and supporting quotes

Sub-themes	Codes	Quotes
Family connection to food Immigrant children Cultural Cuisine	<ul style="list-style-type: none"> • connection to food • lived experience influenced food interest • family connection to profession • implied feeling from family • diet change 	<p>“...because my whole family ..we are a foodie based kind of family, right, my sister is a chef by trade...[pause] funny to see because my mom, my sister ,and I and my niece actually were all about nutrition and you know good food homemade and doing things from scratch and having that growing up it really helped translated into my adult life and into my careers...” (Interview#4, Pos. 17)</p>
STEM career choice Medicine Research	<ul style="list-style-type: none"> • Career • interest in science • interest in fitness • nutrition is relatable • medicine aspiration • change career aspiration • interest in nutrition 	<p>“um, like, I was always interested in nutrition. But I had this I think it was just like this cultural decision, like my parents never specifically said, go be a doctor. But I think it was kind of implied by the society. And so my focus was kind of on medicine. Which I thought, Oh, I can do nutrition through medicine, it’s fine. So I just kept kind of pursuing that. And then by the end of my first degree, I was just like, no, this is not for me, So it wasn’t for me, but I was still interested in nutrition, which kind of felt like a rebel topic at the time” (Interview #7, Pos. 8)</p>
Teenage exposure to profession/field Nutrition Personal weight struggles	<ul style="list-style-type: none"> • awareness of dietetics • introduction to dietetics • personal weight struggles • toxic wellness culture • weight loss • obsessed with nutrition • nutrition student with eating disorder 	<p>“So for me, it comes from a very like, disordered place. So I had struggled with my weight for a really long time, like, ever since I was a child” (Interview #8, Pos. 14)</p>

Q2: For how many years have you been a dietitian?

All eight participants are licensed dietitians that practice and studied across Canada. Most participants are licensed in Central Canada and the remaining two in Western Canada (See Figure 2). The years of practice range from less than a year and up to 28 years. Nearly 50% of the participants have been practicing between 10 to 20 years and 25 % have been licensed dietitians in practice for less than 10 years in Canada. Over the tenure of practicing as dietitians, areas of speciality include research, clinical, policy, administration, fitness, private practice and community or rural healthcare. All the participants have graduated from at least one dietetics or a combination of a degree(s) from undergraduate to graduate school in Canada. Provinces of education and dietetic internships includes Alberta, Ontario, Quebec, and Nova Scotia. One participant completed their dietetics education and internship internationally and held the Registered Dietitian prior to relocating and continuing studies in Canada. All of the eight dietitians are located in Canada and have kept their license to practice at the time of the interviews in July 2020.

Pie chart of Years of Practice as a licensed dietitians in Canada

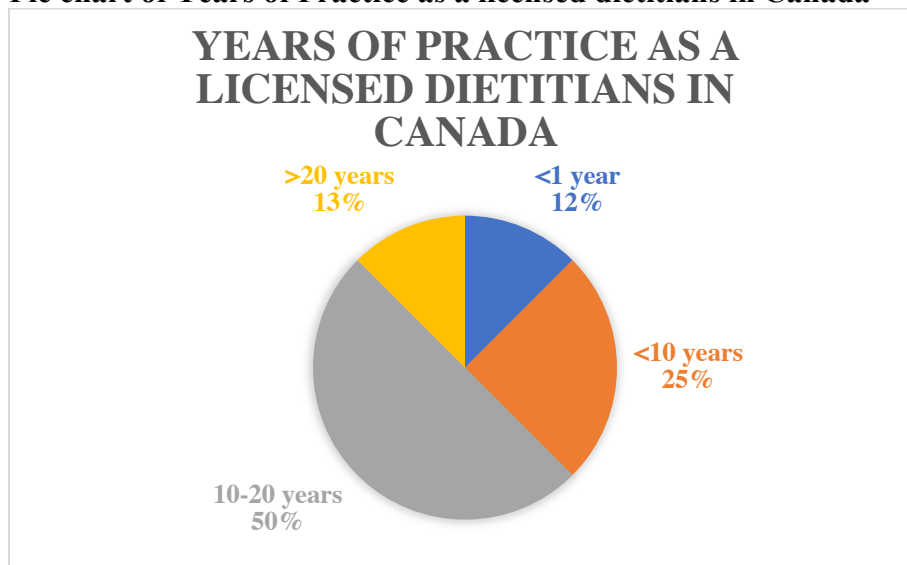


Table of Dietitian's Geographic Location of Practice in Canada

Geographic Location in Canada	Number of Participants
Western Canada <i>Alberta</i>	N= 2
Central Canada <i>Ontario</i> <i>Quebec</i>	N= 6 5 1

Q3: There are a lot of different ways to racially and ethnically self-identify. Just as I did at the beginning of the interview and identified on the recruitment posters. How do you describe your racial/ethnic identity?

The participants' racial identity is a key feature of the research study. All eight participants disclosed their racial identity in email correspondence and the interview in accordance with the recruitment criteria. However, it is also an identifier that can easily distinguish participants from a relatively small group within a small profession in Canada. Anonymity is not guaranteed with the redaction of names as additional data on years of experience, setting and location may unintentionally reveal their identity. To uphold data integrity while safeguarding the participants identity, I have pooled together the responses to the screening questions (See Appendix J) eight participants into a pie graph and table (see above) to illustrate some demographics. I have chosen to not reveal the racial identities due to the aforementioned point and my ethical duties in the approved REB form for this study. However, the four vignettes in this section will provide an opportunity to illustrate similar racial identities to those of the participants in a storytelling framework.

Q4: How would you describe the racial/ethnic diversity of the dietetic profession in Canada?

The responses to this question brought forth humor and sarcasm from each of the participants when they shared their initial thoughts. Participants commonly felt a lack of diversity, which was no surprise to them as racialized dietitians. In explaining their thoughts, the notion of whiteness in dietetics was brought up, gap in representation from the population of Canada into the profession and understanding not all of Canada is diverse as it is made out to be. Explanations ranged from comparisons to urban and rural settings, where urban settings who probably be more diverse due to density and rural settings tend to be white. Additional chatter emerged on tokenism, and how certain racialized members may be represented but that does not speak for all of dietetics. Furthermore, discussion of internalized racism also emerged as introspective views on racialized emerged and participants were open on terminology they used and biases.

Question 4 Table: sub-themes, codes and supporting quotes

Sub-themes	Codes	Quotes
Lack of diversity	<ul style="list-style-type: none"> • Lack of diversity is laughable • Questioned by DC • Racism in Canadian dietetics • Criticism from white dietitians • Lack racial representation • Different racialized experiences • White dominated profession 	<p>P3: In Canada... [chuckles]...oufff... I would say like I would say it's like not very diverse ...like just from a statistic perspective like we know that ...the I guess, the demographics of the dietetics profession does not reflect the demographics of the Canadian population...[long pause] (Interview #3, Pos. 22)</p> <p>P4: Ahhhh...I'm going to say there's not enough diversity within it a lot of the time people just assume things about you, so for instance when people found out I was that I came from [Middle</p>

		Eastern country] their initial thought is well how your English... (Interview#4, Pos. 52)
Diversity gaps in dietetic journey	<ul style="list-style-type: none"> • Limited racially diverse mentors • Reflecting deeper on diversity • White education and classmates • Comparing urban to rural • Connected to diverse dietitians 	<p>P5: Yeah to mean to me my perception would be it's largely, ahhh white women that dominate the profession, ummm I don't I know very few men in the profession. Probably was a time when I knew all of them now sort of 20 years in I don't know all of them anymore ahhh but.... in terms of thethe ethnic diversity ..ummm I'm starting now to become aware of more racialized dietitians,ummm it's probably just more on my radar now and sort of understanding the distribution of the profession , ummm I'm still say it's largely made up of white women but sort of a growing I guess a growing a growing segment I think is non- white is my impression but certainly not a complete picture that I have.. (Interview#5, Pos. 47)</p> <hr/> <p>P6: Well, at the Masters level, even undergrad level, undergrad classes, and all levels, and also, in the last year, be applied. And I felt that was, I think, a representative diversity in those grad programs. There were a lot of international students. There weren't too many students who were Black Canadian. There were Black students from other countries. And I would imagine that the same measurements seen across Canada, other smaller international Black students, and there are Black Canadian, graduate</p>

		and advanced and professional programs. (Interview#6, Pos. 29)
Tokenism Internalized racism	<ul style="list-style-type: none"> • Branding Initiative • DC needs diversity • Where are you from • Old racial terminology • Racism intersection 	<p>....This is, you made the decision to put me as a [ambassador role] for very important reasons...if I knew, I knew that the reasons were for tokenism at the time, I knew they needed to prove that the diversity existed in the profession otherwise they would have another group of just white women...so they put the unicorn, [racial descriptor]...they put me front and centre....[slight pause]... people complained they didn't know how to handle complaints, I did! It with a stupid, stupid thing... (Interview#2, Pos. 96)</p> <p>.... P2: Yeah, so they completely tokenized me, completely used me it was the most racist thing that I had ever been a part of and that's why I...[tangent] and under that year too, that exact same year Gurneet, I will tell you why....[explains explicit story on accomplishments that DC would rather a female woman have done for storyline sake]... (Interview#2, Pos. 104)</p> <hr/> <p>P4: Um....I mean there are words are like you're just like , you just don't say those things, like all those racial slurs and things , I go around and say I'M BROWN! Because I am Brown!</p> <p>R:Yeah...same ...</p> <p>P4: Right [laughs], I am not going to walk around and say "I am a person of colour", like obviously you can see that...</p> <p>R:Ahem..</p> <p>P4: Like...you are not blind that you see that I'm different...I go around and say I'm Brown, and maybe I take that way to empower myself and this way people say "I'm Brown too, or I'm Black...I'm...." right?! That's kind of like the whole Black Lives Matter in a kind of way, why not take that , take that back and you know and not make it oppressive?</p> <p>[pause]</p> <p>R: Yeah and if I even think about using person of colour or things like that and I'm with people of colour I don't use that, I guess it depends if you're with white people to make that indication or being racialized, yeah I haven't heard the word Oriental used like that, its more objects or things like that and</p>

		<p>people I think refer to it as East Asian, and kind off, and I guess it's true...ahem..-</p> <p>P4: But at the same time, Indian is East Asian, Russian is East Asian...</p> <p>R: Yeah it's true it could be anything in between, I'm just wondering if you use this language has anyone ever been offended or how has that kind of come across?</p> <p>P4: NO! Ahhh people tend to not be offended and I don't know it's because they, well I'll say because you're coloured you can say those things, I get a lot of sass thou...like you can say that but I can't say that...[laughs]...</p> <p>R: Hmmm...ahemm...</p> <p>P4: I mean I get why you can't say that becausewhen we look at history Caucasians have been notorious for oppressing people ...[laughs]...</p> <p>R: Yeah...</p> <p>P4: So I guess so more so bad, so ohh you're allowed to say those things</p> <p>R: Yeah I see you're approach more so reclaiming, there is a group of people that do end up reclaiming and I guess its even people that reclaim racial slurs thats in its own self a different discussion and I guess taking power away from oppression and there's a lot of thos debates but like its that what you are comfortable saying and you haven't has push back and I guess it depends on location too, like if I were to use type of language I guess being in Urban Ontario, things like that would not been taken well or I have to do a lot of explaining why I say things the way I say them , right?</p> <p>P4: Yeah...I find umm...[pause]...I don't know maybe , I'm maybe pushing it a little bit but I find that...[pause] there is a level of privilege and culture , I wouldn't go describing a Black person as the N - word obviously, at ummm...[pause]...but when they are described a person of colour, why can't I just say Black?</p> <p>R: Yeah and I think thats where the term BIPOC comes in, like Black, Indigenous or Person of</p>
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		<p>Colour , so it gives Black individuals and Indigenous communities a separate section...</p> <p>P4: Yeah...I don't know I felt...maybe I'm wrong I feel like ...if you look at Hollywood, or politicians, a lot of them are white...</p> <p>R:AHM...</p> <p>P4: So who are the ones saying these words need to be used, is it US , is it the people of colour saying this is what we want to be called or is it white people this is what we should be called? (Interview#4-2 parts, Pos. 212-237)</p>
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Q5: Tell me about your experience as a racialized dietitian in Canada.

Each participant time stamped an event or situation that cumulated their experience as a racialized dietitian. The responses and similar situations are re-described in-depth in other questions of the interview as well. The sub-themes of combating racism, not fitting in, feeling oppressed and meeting the quota bring up triggering past memories for participants. Individuals also express their focus of becoming a dietitian and assimilating into dietetics to navigate and enter the profession. Finally, a shift is noticeable especially within the recent 5 years that participants are speaking up for change, making change, focusing on client-centered care and recognizing the emotional journey for themselves.

Question 5 Table: sub-themes, codes and supporting quotes

Sub-themes	Codes	Quotes
Meeting the quota	<ul style="list-style-type: none"> Emotional past memory 	P1: Oh my God...you hit a sore spot... [sighs for breath]
Combating racism	<ul style="list-style-type: none"> Racism in dietetics [tears and trembling voice]...people ..they said things like “you only got in because they had to meet a quota”...but I ignored all of that because I had to stay focused...[crying by P1] (interview#1, Pos. 82-87)
Feeling oppressed	<ul style="list-style-type: none"> Intersectional identities 	
Not fitting in	<ul style="list-style-type: none"> Sexism in dietetics Negative experience in dietetics 	

	<ul style="list-style-type: none"> • Recognizing unique challenges • Sad about social exclusion 	<p>P1: I don't think so no...I never had a conversation like this before (interview#1, Pos. 142)</p> <hr/> <p>P2: SO, Yeah, wethese things are presented in this way Gurneet, you are only interested in racialized dietitians, too I don't even have the words to describe you how sexist this profession is....that's a topic for another day...but the sexism in this field is absolutely ridiculous ! Absolutely ridiculous! [pause] (Interview#2, Pos. 111)</p>
<p>Focused on becoming dietitian</p> <p>Assimilated into dietetics</p>	<ul style="list-style-type: none"> • Working hard • Left out of dietetics group • Assimilated into dietetics • Welcomed by diverse clients • Ability to blend in 	<p>P3: Right!...Umm like I would say in [sigh]....in a lot of ways like I feel like I am I am someone who has like assimilated in a lot of ways and so and so [ahhh] I feel like I've never really been exposed to any like overt racism like I don't I don't feel like ummm I missed out on any opportunities because of my race or whatever... I would say that throughout like my years as a dietitian I definitely run into folks who like who, have said that they like feel more comfortable talking to me like because I'm Asian....]....(Interview #3, Pos. 47)</p>
<p>Speaking up for change</p> <p>Making change</p> <p>Emotional journey</p> <p>Focusing on client-centred care</p>	<ul style="list-style-type: none"> • Client focused advocacy • Relationship building • Trust with clients • Switching views in dietetics 	<p>P2: Yeah, so they completely tokenized me, completely used me it was the most racist thing that I had ever been a part of and that's why I...[tangent] and under that year too, that exact same year Gurneet, I will tell you why...I've been doing this for five years I just raised my prices first and then every... every person of colour, every BIPOC, every person living with disability, trans , gay, LGBTQ, on that spectrum I volunteer my time to see those clients because they can't afford to see any other private practice dietitian. I volunteer, the majority of my career has been volunteerbecause there's no dietitian, there's very few dietitians on the LGBTQ spectrum that would do work for free, there's very few people of colour dietitians willing to spend the extra time educating, and taking into consideration race, culture, and what they choose (Interview#2, Pos. 104)</p>

		<p>P4: Yeah... and you know what I am one of those people and before I was maybe it was just egocentric but I was doing it for myself right.. to everyone that I was the best dietitian in the towns as the only dietitian in the town and now that mindset have really changed because now it's I've been advocates for client I have nothing to prove alright because I do work with ahhh underprivileged clients right ...so social, financial and health issues, people of colour and its of kinda sad especially now because so... there's like 3 people at my work that are coloured.... so myself , a nurse practitioner and a cultural liaison for Natives or for Aboriginals and we are a clinic of 150we have 3! (Interview#4-2 parts, Pos. 66)</p>
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Q6: How did the lack of/presence of diversity you describe within the profession impact your experience of becoming and being a dietitian?

Participants' responses divided into different sub-themes, regarding setting, positionality and personal feelings of inclusion when describing how they did or did not witness diversity in their dietetic journey. As mentioned in other question responses, the over-representation of white students was noted by the participants, some who pursued a master's degree pointed out diversity in graduate school and in interdisciplinary settings for work. Distinctions between urban, rural and regions across Canada were noted to influence racialized dietitians' connection to their social surroundings where they lived and studied nutrition. Furthermore, discussions around internship shed light into intersectional identities, racial identities, being a mature and male student were brought up. The experiences of seeing diversity with internship cohorts, professors, and classmates was divided. However, in this division the sense of belonging crossed everyone's

mind at one point in their dietetics journey in different times and settings of becoming and being a dietitian.

Question 6 Table: sub-themes, codes and supporting quotes

Sub-themes	Codes	Quotes
Difference in Urban vs Rural settings	<ul style="list-style-type: none"> Continuing education Knowledge deficit in dietetics Undertone of racism Working in interdisciplinary setting Memory of education journey Exemption for white people 	<p>P2: From [Central Canada Urban University] too! When I was at [Central Canada Urban University] doing continuing education, this is when I built on top when I learned more about being a dietitian, physiology and all that kind of stuff ! I was advocating!Yeah, it's 100% white supremacy! (Interview#2, Pos. 123-127)</p> <p>P3: [AHEM]...yeah... well you know I think it's I would say like in my class in terms of diversity like it was like it was not bad Québec is interesting like [chuckles]... ...wants to separate from Canada and you don't realize like how much they are actually trying to do this until you live there like in notice all the ways that they are different and so I I just get the sense that there's that Québec is like is kind of xenophobic and, and racist like even in a lot of their policies and stuff like that so... ... I feel like that was just there was just a bit of undertone of that kind of throughout yeah kind of in my dietetics education...[pause] (Interview #3, Pos. 57)</p> <p>P4: Ahhhhhh....Honestly, when I was in school there was NOOOO culture in dietetics. [Pause] We just.... yeah, there was nothing... like anything that I know about different cultures is my own experience.... right! It's my experience with my family, my friends being in [Middle East] living in [Asia], traveling (Interview#4, Pos. 74)</p>
Intersectional dietetic identity	<ul style="list-style-type: none"> Racialized student Mature student Few Male dietitians Male intern quota Diversity in intern cohort 	<p>P5: Yeah...so yeah mine is a bit unique and I sort of looked back at the previous years of interns at the time it seemed like every year that internship program got the one male graduate who wanted to go into dietetics and I was just continuing that and I think the following year we also had</p>

	<ul style="list-style-type: none"> • Curious of genders in dietetics 	<p>the one male graduate from [central Canada university] who wanted to go into the dietetics so I don't know if so it could be a bit of selection bias and that the program I went to was known or sort of a research or clinical focus ... (Interview#5, Pos. 57)</p>
Questioning sense of belonging	<ul style="list-style-type: none"> • Diversity quota • Immigration status • Out of place • Few of us • Made to feel small • Made to feel insecure 	<p>P1: Well I did , I did well in the states...when all my friends went into the internship I did not because I did not know what kind of Visa I needed all the people said the only reason I got in was because I was “brown” and they [Graduate program] had to meet a quota ... (interview#1, Pos. 164)</p> <hr/> <p>P8: That's it. And there's so few of us even like, I realized how much representation was a big issue for me because being I really love school. ... And then I had another black professor, I had only two and they were both men. That was in nutrition first year, and he was awesome. But so I've had two black professors in my whole educational career, which is a very long one.And I was like, wow, can you imagine if I had seen more people that looked like me in academia.... (Interview #8, Pos. 108)</p>

Q7: How, if at all, do you believe racism has impacted your experience of being a dietitian?

Participants answered this question from many different standpoints, some considered impact on advancement in education or career, others discussed relationship with peers, colleagues or clients, and overall sense of wellbeing and belonging in the dietetics profession was also brought up through probing questions. When it came to discussing the impact on career trajectory, many participants emphasized the ability to connect to clients because they looked like their clients and understood cultures based on lived experience. Two participants were very

vocal on how they have spoken up in their career or workplaces and it has always followed repercussions and lack of acknowledgement, where one participant has resorted to seek other ways of supporting racialized members and another participant has gone on the record to no longer try to fit in with the white crowd. This individual also had negative educational experiences tied to their dietetic journey and expressed how compromised their sense of and acceptance in the profession by white dietitians. Most participants shared a neutral perspective of racism, with subtleties alluding to some discomfort but unable to define it. The lack of diversity was a sub-theme that also arose in responses, when it came to realizing the lack of tenured professors that are racialized dietitians. Instead, participants saw themselves as potential bridges to the diversity gap with rewarding experiences between clients with a shared lived experience of being racialized.

Question 7 Table: sub-themes, codes and supporting quotes

Sub-themes	Codes	Quotes
Impact on career trajectory	<ul style="list-style-type: none"> • Self actualization • Need to work hard • Focused on end goal • No award congratulations • Recognize difficulty for Black peers • Relate to clients • Race helped career • Bridging dietetics and culture 	<p>I think I connected with my clients , because my clients, many of them looked like me (interview#1, Pos. 156)</p> <hr/> <p>So I feel like, I really did feel like there I had to work a lot harder to prove myself. I think for certain groups of people, there's just a lot more support. And, again, the thing to do sometimes , you know, whether you're a minority or not, and unfortunately, I do think people darker skin colors do have it harder. ...Even when I got my award, people were like, what was it because you speak English. There was always that kind of not degrading, but diminishing of accomplishment, because almost like to put someone on the center minority. Like I had some advantage because I was English. When in reality, the stats show that French speakers who submit their applications in French do have like a lot</p>

		of certainty, and then you kind of just wonder, is it my personality is just exclusion from networks in those groups.... (Interview#6, Pos. 42)
Negative education experiences	<ul style="list-style-type: none"> • Not acting white anymore • Need to act white • Missing credit • Identity conformity • Difficult discussing racism 	P2: It's bullshit![pause] That's why I hate going to dietitian conferences, I hate going to any dietitian event, it's bullshit 'cause I have to act white in order for me to be accepted! I did that all throughout undergrad, I did that all throughout internship, I acted white! I got through and now I'm done with it! I'm not acting white anymore....[pause] (Interview#2, Pos. 84)
Lack of diversity Neutral perspective	<ul style="list-style-type: none"> • Questioning diversity in professors • Hard to pin racism • Possibility of not knowing • subtle microaggression • Can't recall racism in dietetics • Ethnic identity ties to privilege 	<p>P1: OH IN FACULTY!...Yeah, absolutely...maybe that's more of a reason why I should be in faculty...</p> <p>P1:...they are probably all sessional...I don't know about tenure track [racialized dietitians]?(interview#1, Pos. 183-188)</p> <hr/> <p>P8: If racism has impacted that, I mean, I know it has, but it's hard for me to like pinpoint.</p> <p>R:Okay,</p> <p>P8: I think that just feeling different feeling out of place in different placements. That that, like, from my perspective, I know. Yes. But in terms of like, specific microaggressions. I think it's hard because sometimes it's very subtle. So it's like, it's rare that someone will be like, I don't trust you, you know, like, yeah, give me give me someone else. Like, it's very rare. But.... I assume that things might have happened that I just didn't I didn't pay attention to but or maybe not, you know, it's possible. But definitely feeling different feeling out of place, because it's just all white people. Always! (Interview #8, Pos. 294-296)</p>

Q8: What do you think needs to happen within the dietetics profession in Canada to:

a) improve the racial diversity of the dietetic workforce in Canada; b) support racialized dietitians to succeed in the profession; and c) inform anti-racist dietetic practice

The participants took varied approaches to answering this question's three sub-focuses. When it came to improving racial diversity of the dietetic workforce, the need for paid training and compensation was a clear sub-theme. Participants expressed the need for paid internships, valuing lived experience and need for financial support. These points are key to supporting racialized dietitians succeed in the profession, where curriculum change, embracing diversity and patient centered care is needed to create space and increased representation of diverse dietitians as codes inform this second sub-theme. Cultural competence exposure also builds on this into another sub-theme, as participants voiced opinions on the food guide and need for cultural relevance. Critiques about dietetic organizations, such as Dietitians of Canada continued to be critiqued in responses from participants due to its impact and control as the largest national organization representing dietitian voices in Canada

Question 8 Table: sub-themes, codes and supporting quotes

Sub-themes	Codes	Quotes
<p>Paid training and compensation</p> <p>Diversity Hire</p>	<ul style="list-style-type: none"> • Financial impact • Financial support • Unpaid internship • Compensation for labour • Make dietetics accessible • Scholarship support • Recognize invisible difficulties • Lived vs work experience • Privilege to have experience 	<p>... I think a lot of it as you said has to do with privilege and the lack of opportunities so you know the more we can reduce some of these barriers for example paid internships and you know sort of supporting people through their training I think the more people will get... (Interview#5, Pos. 114)</p> <hr/> <p>P7: It's hard to say, like, what is driving the selection of employees right now? Ummm because I don't like having been in this experience where you feel like a token, umm you know, like, diversity hire,</p>

	<ul style="list-style-type: none"> Hiring practices 	<p>I definitely don't want that to be the trend that's going we're trying to diversify our profession. Because if you diversify the dietetics field in the dietitians and the students coming in, then you can't help but diversify the job market as well.</p> <p>Right. So I think it starts with making sure that dietetics is accessible to everyone and everybody has the opportunity to excel. So for example, if someone can't afford to pay, like the internship fee and go a year without, you can't get a job internship, it's nearly impossible to work and be an internship, right? And so, having lived for yourself having the opportunities and have a scholarship and stuff like that, like that should be there. Like, why are there not options for that? Right?But if there is a stigma, getting and honoring all sorts of experiences, right. I feel like I've said a lot and said nothing but ...[laughs] (Interview #7, Pos. 145)</p>
<p>Increased awareness through education around diversity and inclusion</p> <p>Space and increased representation of diverse dietitians</p>	<ul style="list-style-type: none"> Patient centred care Dietetics doesn't embrace diversity Change diversity curriculum Need for mandatory change Increase professional awareness Increase racial representation Share space with racialized identities Burden on racialized communities to speak up 	<p>P1: For them [racialized professionals] to feel appreciated and recognized! ... Yes, so making them feel like they are at the table, they have a voice , what they are saying is valued and that they are equal...so they can provide the services to people of Canada that look like them... (interview#1, Pos. 209-211)</p>
<p>Critiques of dietetic organizations</p> <p>Cultural competence exposure</p>	<ul style="list-style-type: none"> Compare dietetics to other health professions Potential to change dietetics Critique white leadership Need for cultural relevance Critique on new food guide 	<p>I think.... like I think as a start given that our profession itself isn't very diverse like ...I think it is starting with anti-racism and like you know the idea of allyship and maybe even accomplice....the anti-racism piece in order for us to be able to like start the discussions of breaking down breaking down- the barriers that make it difficult for racialized dietitians to enter the profession and to succeed in the profession...</p>

	<ul style="list-style-type: none"> • Cultural assimilation 	<p>(Interview #3, Pos. 92)</p> <hr/> <p>P4: It...we may need to be a little bit more inclusive , encouraging and ahhh and saying that we need these ahhh...more diverse ahhhh....populations...coming into this field because there is a great need!Right.....</p> <p>P4: It's...by having a little bit more diversity um...and having ...a visible right ...you know making sure Dietitians of Canada the face has a diverse base, cause when I started it was like...white , white white, white! And you're like OK...ahahah...clearly only women and white women go into nutrition. That's what you see, right?</p> <p>R: Yeah...</p> <p>P4: Um...having putting it out there then , we're HERE ahahha, we are coloured and we are here! To help them, making sure where you are you get the training to serve those, those population because I don't know how many times I've seen these clients , like "you're the only one that ...lets me eat my food."I was so disappointed when ahhh the new food guide came out in the language they...they didn't even...how can you have one that's Hindi and not have naan on there, come on naan! ahahah</p> <p>(Interview#4, Pos. 249-253)</p>
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Q9: Keeping in mind that this research is about racialized dietitians’ experiences of becoming and being a dietitian, is there anything that we have discussed that you might like to elaborate upon, or anything else you like to share that I did not ask about and that is related to your experience as a racialized dietitian?

The participants were forthcoming of their final thoughts about the research topic, researcher and reflection on their position in dietetics. The interviews surface sub-themes on racism in dietetics, importance of research and need for deeper conversations were needed as we just scratched the surface with each interview. I noted that participant six started the interview with an appreciation for the work being done and explained at the end why they have chosen to take another approach to advocacy (refer to Researcher-Researched Relation). All participants were open on naming and acknowledging the impact racism has in society, even if they did not disclose direct situations to themselves, the feeling of othering and being othered was documented. Having research to back claims and experiences was expressed by participants, as many see a lack in research being done in the profession similar to this thesis. All of these questions pointed out that there is still much to discuss and research has only begun to gather and include the perspectives of racialized dietitians.

Question 9 Table: sub-themes, codes and supporting quotes

Sub-themes	Codes	Quotes
Racism in dietetics	<ul style="list-style-type: none"> • Questions being in dietetics • Dietitians are racist • Recognizes systemic racism • Seen white fragility 	<p>P2: Yeah the last thing I will say on the record is dietitians are racist, dietitians are systemically racist and those words need to be said! (Interview#2, Pos. 203)</p> <p>P4: And its almost just like , I ah I say this quote today, “accountability feels like an attack when people aren’t ready to take responsibility”, ummm and that really says a whole lot of our ...our generation and our believes system because the thing is, no one wants to be uncomfortable , I</p>

		<p>don't want to be uncomfortable but if we don't talk about this uncomfortable) situation we will never be able to help (Interview#4, Pos. 281)</p>
<p>Importance of research in this area</p>	<ul style="list-style-type: none"> • Recognize first diversity conversation • Acknowledge diversity questions • Reflecting on unexplored information • Interest in research results • Questioning oppressive research • Excited about research • Premise of privilege in dietetics 	<p>P3: Umm...[sigh]....Yeah, I don't think so, I don't think so like I.... I mean I guess like the one thing that sticks out for me is that like yes, I am a racialized dietitian, and like I also have a lot of privileges in other ways um... so I want to acknowledge that's like my experience is probably very different from other , other peoples and yeah like I think this project is going to be interesting to hear like from people's perspective um ... and like also like how have these privileges kind of like in that question that you ask like enabled them to be a part of this profession in the first place... like so yeah[pause] (Interview #3, Pos. 113)</p> <p>P6: Really do admire the work that you're doing. I feel like a lot of us that I've had experience, generally reluctant to talk about it. Because we have had a lot of, you know, defensiveness, or wanting to bring topics up among people. And it just makes us, it just makes me feel bitter towards it. So I'm glad you are doing work in the area. I felt that it's been needed for a long time. But no one wants to talk about it, or admit to it. (Interview#6, Pos. 2)</p>
<p>Need for deep conversation</p> <p>Scratching the surface</p>	<ul style="list-style-type: none"> • No career acknowledgement in dietetics • Lack of recognition • Social justice movement • Representation matters • Warned to stay quiet • Not secure in career 	<p>P1:NOOO...as a matter-...that's an interesting questions , the ACTUAL field of dietetics has never reached out to me say "hey you did this great research on interprofessional practice , you know...what can you do, what can you share?"...as a matter of fact I don't think that happened... [ahaha]...with other leaders in dietetics Hmmm... a lot of thought here... (interview#1, Pos. 237)</p>

Appendix K

Participants' Quotes and Three Main Theme Codes

Table 3: Participants' quotes on research and connection to the three main themes

Participant #	Quotes from Transcripts	Connection to the Three Main Themes
1	<p>These are good questions that I have never spoken about at all even if mean it's these things are so subtle and then I think this whole movement [referring to Black Lives Matter] right now is just causing people to reflect (interview#1, Pos. 286-287)</p> <hr/> <p>P1: I'm excited for you I see your passion And I think you're gonna go far ! R: I appreciate that! P1: I'm here for support with any more information! (interview#1, Pos. 292-295)</p>	<ul style="list-style-type: none"> • Racial Position in Dietetics • Racialized bodies
2	<p>P2: A lot of people need to be held accountable for what they've done and it's my hopes that there's a lot of publicity around the work that you're doing hey, let's get some national coverage about this week on racism , yeah you sure want this one! A whole bunch of white women being racist! Instead they are wearing high heels... [pause]</p> <p>R: It's...yeah you bring up I can I feel it in your frustration it's a lot of things I've felt and it goes even for pushing for what I'm even trying to do type of thing like I always see, I see that I know that but I think even for myself ...</p> <p>P2: To see it in someone else, to have it confirmed ... (Interview#2, Pos. 213-216)</p> <hr/> <p>P2: The problem now is Gurneet, the reason why I'm so upset and I know you hear the anger in my voice when I tell you stories and don't get me wrong, I'm not angry at you, I'm angry at the profession and they just don't get that...so I'm not angry at you.</p> <p>R: No, I understand I do the same thing when I vent to my friends it's like my situation...</p>	<ul style="list-style-type: none"> • Whiteness in dietetics • Racial Position in Dietetics • Racialized bodies

	<p>P2: I am extremely appreciative that you are doing the work that you're doing but I will warn you that this puts a target on your head...[pause]</p> <p>R: Yeah ,I, , I watch a lot of spy movies I, I see that ...</p> <p>P2: Yeah, I hope you have legs to continue this work. I just put too weak to get by this ..[lowers voice] I don't wanna do it anymore! I've done, what I've done people have stolen enough my work, they stolen off of everything the fact that dietitian start to see me for counselling and a start to offer the same things within six months I'm offering the same services I start offering, stealing my intellectual work the fact that I'm talking about [inaudible] the fact that I'm taking about things dietitians have no idea about them stealing my shit... and I'm not getting any credit for I'm not getting to redesign the program..</p> <p>R: It's true...</p> <p>P2: I'm not getting [money] to do all these things, I'm not getting the funding to do any of these things, so that's the reason why I stopped posting that reason why stop helping the [social media group] , guess what, as long as I am a person of colour they see me as someone to help them, they are never going to help me, they have shown me that repeatedly over and over and over again, that they are not willing to help me or even acknowledge me , they are willing to use me, so why do I stay? [pasue]</p> <p>R: Yeah, no that's completely fair and I appreciate you sharing that and I just wanted to ask if I, I feel like you said a lot and I don't know if there's anything else ,I guess I'm also going to open up like if there's anything else that you want to stay on the record for now otherwise I can conclude that meeting and if you want to ask me anything off the record I can turn off...</p> <p>P2: Yeah the last thing I will say on the record is dietitians are racist, dietitians are systemically racist and those words need to be said! (Interview#2, Pos. 195-204)</p>	
3	<p>P3: Ahhhh... [sigh] I don't know, like there there's a lot ,like I'm GLAD these conversations are happening and I'm GLAD that that it</p>	<ul style="list-style-type: none"> • Racial Position in Dietetics

	sounds like a lot of people in this profession are ready! (Interview #3, Pos. 108)	
4	<p>P4: I 'm excited for it and I do have to say I'm very proud and very impressed that you have taken this on , because I don't think, ahah, I don't think anyone would have the balls to do this, right because there's that [white] fragility right , I , ummm I am very impressed and very proud that you're doing this and two I got to be a part of this!</p> <p>R: yeah ,yeah...</p> <p>P4: So...yeah...sooo all the power to you and good on you for doing this...ahahah</p> <p>R: Thanks it means a lot [P4 name]...and it's really like those supports you know, helped me get by and obviously those things, this white person said this you need to do this, you know what they are always going to hide behind things and these things need to be discussed and I've felt so much discomfort and I shouldn't feel this, and literally goes back to your point , I'm here why do I have to deal with this racism stuff , I'm just trying to get by in this competitive profession , we need to talk about and no one really wants to talk about it and it really comes from the personal experience turning a negative to a positive... (Interview#4, Pos. 363-366)</p>	<ul style="list-style-type: none"> • Whiteness in dietetics • Racial Position in Dietetics • Racialized bodies
5	<p>P5: Yeah, I think I guess my question for you is sort of where do you see this going so you're going to get a nice collection of qualitative data from hopefully a number of us and what's our plan for doing something about it?</p> <p>R: yeah so I think with my research it's getting all those counter stories and really showcasing them and 'cause these are testimonials that you may probably not see on websites ...</p> <p>P5:Right! (Interview#5, Pos. 118-120)</p> <hr/> <p>R: So I think it's just having these much overdue conversations and hearing all the expertise 'cause it's one thing for me to say yeah we need mentorship if it keeps on coming up and interviews and people really want to see it then it's kind of like who... how can University</p>	<ul style="list-style-type: none"> • Racial Position in Dietetics • Racialized bodies

	<p>programs or Dietitians of Canada another and nutrition organizations really embraces and do things about it yeah and there hasn't been data so I think essentially it's like collecting that long overdue data and how it's not perfect for sure but it's starting how can it be done and what are taking those steps and risks just being OK with making mistakes 'cause I even think about their profession it's very type A...</p> <p>P5: Yeah...</p> <p>R: It's very perfectionist ...</p> <p>P5: Definately ,right!</p> <p>R: And for myself I'm always very rough draft person and sometimes that's just the way you gotta go and just try to put new things and ideas out there...</p> <p>P5: Yeah, no for sure! For sure for sure so that's that's great yeah so I think you're doing a fantastic job and keep at it and ...let me know how I can support you more as you go forward.</p> <p>R: For sure and one last thing I want to ask was... have you ever had like an in depth discussion about race and dietetics over the course of your career?</p> <p>P5: Nope this is the first ...</p> <p>R: OK hopefully not the last ...ahahah</p> <p>P5: Hopefully not the last ,the beginning of a beautiful thing.</p> <p>(Interview#5, Pos. 123-132)</p>	
6	<p>P6: Well I really admire the work you do; I personally was quite outspoken in my previous university and I feel like that kind of burned some bridges for me. And I'm very reluctant to name anything or say anything, where I am now. And I have been warned not by a nutrition personal, but an epidemiologist, I've been warned to be very careful what I say. So I think, again, you know, the more diversity there is in the area, in higher positions, the easier it will be to have these conversations, call people out on their calls. But it's not, for example, at [current place of work] no one is interested in diversity , no one's interested in supporting international students in dietetics for other minorities to get ahead. The other thing is, because of his experience, at [Quebec University], I feel so much more empathy towards anyone who has darker skin tones to someone</p>	<ul style="list-style-type: none"> • Racial Position in Dietetics • Racialized bodies

	<p>who's Black for anyone because my experiences being confused with someone who's Muslim and non-Muslim as there is out there. I have a lot more empathy for anyone who lives that reality. And I feel held off for and it keeps me aware if I have the opportunity to support that another way, like whether it's formal entry, you know, or my office for mentorship. I feel like that's the only thing I can do right now. Because I'm not in a position to be very vocal. Yes, you say, you say you're 26 and taking risks and you feel like, a lot. I'm a lot older than you. I definitely do not feel secure enough in my career in order to be able to make millions. Because people do remember, don't want to be that person that's flipped on for not being able to get along with people. Or that person who has shamed someone else. Because that's what people think of when the white fragility. They don't want to be embarrassed.</p> <p>R: Yeah, there's like, you bring up the repercussion. That's something. I think I've thought of a lot....But I think some days I feel really, really bad. Some days, I feel like why life so difficult and other days is, I'm like, I don't want to be in this profession anymore. And I think maybe what keeps me going in other ways is like not wanting to repeat the same things that I've gone through, or hearing the stories from people like yourself gone through. And it's also a part of me is like, there's always other things I can do with my life. dietetic isn't the only thing....</p> <p>(Interview#6, Pos. 72-75)</p>	
7	<p>P7: Yeah, I mean, it's not easy to work through discomfort, right? Yeah so for you to do that is like invaluable to the profession, right, but also to racialized dietitians and but like need to remember that you like, the work you've done is so valuable, but that doesn't mean that you were expected to sacrifice, you know, your career, your umm time and you know what I mean. I think remembering that is your work is so valuable and people do like we look up to you in that sense. But just taking time for yourself and not feeling like it's expected and stuff because you're right, like no one is paying you for it right and they should be but yeah, so looking at what in the long haul here!</p> <p>R: I know it's important. I feel like they could definitely get me on one of their [referring to Dietitians of Canada] social media</p>	<ul style="list-style-type: none"> • Racial Position in Dietetics • Racialized bodies

	<p>campaigns that would get more attractions than what they do in one month. So that's just a bit of a bias perspective.[Laughs between P7 and R]. Well, based on past experience, yeah. being like, okay, why is everyone taking into account? very entertaining? But yeah, no, I really appreciate hearing that and like hearing your story and what you have to share. And I'm just wondering, is there anything else you'd like to add on or expand on that we talked about before, just add on anything that you feel like is important to put on the record? And yeah, about being a racialized dietitian or becoming one.</p> <p>P7: I just think, like, like you said, I'm also like, I keep myself like I this social media thing, or whatever comfort zone, but as with it, like, I hope that students in our position will look to that and say, like, I can do that, right. Like, that's the profession for me. And so that's part of the reason I just keep doing it is sharing information, especially in our community, but also just potential students and potential dietitians that are interested in want to learn more. (Interview #7, Pos. 158-161)</p>	
8	<p>R:[shared opening statement on research background, refer to Appendix I]</p> <p>P8: Nice. Yeah. Um, can I ask who is your supervisor?</p> <p>R: Yeah. So my thesis supervisor is Jennifer Brady at the mount.</p> <p>P8: Oh, yeah. I think I already asked you. Interesting.</p> <p>R: Yeah. Are there any other questions or? No, I</p> <p>P8: I think it's great to get a master's in that.</p> <p>R: Yeah, I always, that's another thing, right? Like, I always thought of like, nutrition, Masters... vitamins, that type of research. And I'm like, but what about the profession? So it's great to have that opportunity. And like, you know, maybe this opens the door for other people doing this research too.</p> <p>P8: Totally. Yeah.</p> <p>R: So kinda like starting with yourself. Like, what? Yeah, what made you decide to pursue dietetics as a career?</p> <p>P8: [OUFFF] So for me, it comes from a very like, disordered place. So I had struggled with my weight for a really long time, like, ever since I was a child.....(Interview #8, Pos. 4-12)</p>	<ul style="list-style-type: none"> • Racial Position in Dietetics • Racialized bodies

Table 4: Three main themes with supporting descriptions and codes

Themes	Description(s)	Codes
Whiteness in dietetics	Explores how the over-representation of white individuals in dietetics has controlled how education, practice and perceptions of food and the body are valued. With the intent to focus on whiteness, this code seeks to understand how white privilege and supremacy continue to benefit white individuals at the expense of racism.	<ul style="list-style-type: none">• white dietitians• Eurocentric profession• whitewashing• dietetics is white• really white profession• always white• amplified white females• white women instructing• look up to white women
Racial Position in Dietetics	Acknowledges the presence of systemic racism in creating and reproducing racial disparities in dietetics education, practice and professionalism. An individual's intersectional identity (race, ethnicity, age, gender, sex, income, class, etc.) impacts how they are perceived, invited or excluded in dietetics	<ul style="list-style-type: none">• speak up for change• conscious decision• to speak up• personal view of activism• speaking up and standing up• doing mentorship work• show representation in dietetics
Racialized Bodies	This critiques how body image fits within or away from the accepted norms around healthy, fit, and desirable body shapes, sizes and colours. Cross-cultural perspectives contribute to stereotypes, shaming and self-reflection of how racialized bodies are (de-)valued and function in society.	<ul style="list-style-type: none">• race and fatphobia• ASDA and HAES• see whiteness in HAES• personal weight shifts• fatphobia and stereotypes• race connection to HAES• eating disorder and food obsession• passionate about food and weight• explaining positionality• diversity hire position• gender identity• Canadian identity• lack of gender diversity

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- culturally diverse dietitians
 - frustration around identity and experience
 - dietetics doesn't embrace diversity
 - intersectionality hidden
 - economic privilege
 - colourist privilege
 - privilege is present
 - male in dietetics
 - racial and ethnic identity
 - being different in dietetics
 - not a white woman
-