Confronting Colonialism in Canadian Dietetics Curricula

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ABSTRACT

Many Canadian universities have committed to becoming more accountable to Indigenous Peoples by confronting the systemic, historical, and ongoing colonialism and anti-Indigenous racism that shape their campuses. In this Perspective in Practice piece, we invite the field of dietetics to consider how colonialism has shaped dietetics research, teaching, and practice. We also consider how we might transform the field of dietetics in ways that accept settler responsibility for interrupting racism and colonial harm; support the resurgence of Indigenous food and health practices; and recognise the connections between struggles to ensure that Indigenous Peoples can access culturally appropriate food and health care, and struggles for Indigenous sovereignty and self-determination. We do this by reviewing the history of the dietetics field, examining critical responses to existing Indigenisation and decolonisation efforts, and reflecting on recent changes to required dietetics competencies. We argue that curricula in dietetics programmes must teach the history of the colonial food system and equip students to identify and interrupt the individual and institutional colonial dynamics that contribute to the ongoing dispossession of Indigenous Peoples' lands and food sources and negatively impact Indigenous patients.

Key words: curriculum, decolonising, dietetics, higher education, Indigenisation, colonialism.

(Can J Diet Pract Res. 2023;84:226–232)
(DOI: 10.3148/cjdpr-2023-017)
Published at dcjournal.ca on 22 September 2023

RÉSUMÉ

Beaucoup d'universités canadiennes se sont engagées à faire preuve d'une plus grande responsabilité envers les peuples autochtones en s'attaquant au colonialisme systémique, historique et continu, ainsi qu'au racisme anti-autochtone présents dans les campus. Dans cette Perspective pour la pratique, nous invitons le domaine de la diététique à examiner comment le colonialisme a façonné la recherche, l'enseignement et la pratique en diététique. Nous examinons également comment nous pourrions transformer le domaine de la diététique de manière à accepter la responsabilité qui incombe aux colonisateurs pour interrompre le racisme et les préjudices causés par le colonialisme; à soutenir la résurgence des pratiques autochtones en matière d'alimentation et de santé; et à reconnaître les liens entre les luttes pour garantir aux peuples autochtones l'accès à une alimentation et à des soins de santé culturellement appropriés et les luttes pour la souveraineté et l'autodétermination des peuples autochtones. Pour ce faire, nous explorons l'histoire du domaine de la diététique, examinons les réactions critiques aux efforts existants d'autochtonisation et de décolonisation, et réfléchissons aux changements récents apportés aux compétences requises en diététique. Nous soutenons que les curriculums des programmes de diététique doivent enseigner l'histoire du système alimentaire colonial et donner aux étudiants les moyens d'identifier et d'interrompre les dynamiques coloniales individuelles et institutionnelles qui contribuent à la dépossession continue des terres et des sources alimentaires des peuples autochtones et qui ont un impact négatif sur les patients autochtones.

Mots-clés : curriculum, décolonisation, diététique, enseignement supérieur, autochtonisation, colonialisme.

(Rev can prat rech diétét. 2023;84:226–232)
(DOI: 10.3148/cjdpr-2023-017)
Publié au dcjournal.ca le 22 septembre 2023

INTRODUCTION

In the wake of the final report of the Truth and Reconciliation Commission of Canada (TRC) in 2015, many Canadian universities have pledged to become more accountable to Indigenous Peoples by confronting the historical and ongoing ways that colonialism and anti-Indigenous racism have shaped and continue to shape their institutions [1–4]. Six of the TRC Calls to Action [5] are related to health (#18–24), 2 of which (#23 and #24) focus on health education. Meanwhile, seven of the Calls for Justice made by the National Inquiry into Missing and Murdered Indigenous Women and Girls relate to health and wellness [6].

In response to these calls, many health-related academic programmes and professional organisations have sought to "Indigenise" their programmes [7]. Indigenisation has been interpreted in multiple ways in health programmes but generally includes efforts to recruit more Indigenous students and faculty, partner with Indigenous communities [8, 9], fund Indigenous research, and integrate Indigenous health knowledges and practices within programme curricula [10–12]. Some have also committed to "decolonise" their programmes. Like Indigenisation, decolonisation has been operationalised in different and contested ways in higher education [8, 13], but often in relation to health this includes efforts to address the impact of historical and ongoing colonial dynamics in healthcare, identify and interrupt the root causes of health disparities and Indigenous Peoples' negative experiences [14–16], support the Indigenous-led resurgence of Indigenous health practices, and foster more self-reflexivity among settler health practitioners about their complicity in

colonisation [17, 18]. Despite growing interest in Indigenisation and decolonisation in health programmes, many institutional efforts have been deemed tokenistic and insufficient for addressing settler colonialism's enduring impacts on the health of Indigenous Peoples [19]. In particular, critics argue that conversations about colonisation and anti-Indigenous racism must also address the historical and ongoing dispossession of land as a key determinant of Indigenous well-being. Subsequently, they suggest that conversations about *de*colonisation must attend to the wider struggles of Indigenous Peoples to have their inherent and treaty rights respected (including the right to self-governance) and be informed by struggles to assert Indigenous sovereignty (including movements calling for rematriation and #LandBack) [20, 21].

These critiques indicate that there is much more work to be done in order to interrupt the reproduction of colonialism in health education, including within the field of dietetics, which is the focus of this Perspective in Practice. As a group of settler and Indigenous faculty, alumni, and collaborators of the University of British Columbia's Dietetics programme, we offer reflections on what we have learned from our own efforts to confront colonialism in dietetics thus far, emphasising that there is still much to learn, including learning from both successes and failures. It is our hope that this reflection might be useful for other dietetics programmes that are also responding to the TRC Calls to Action and integrating the 2020 Integrated Competencies for Dietetic Education and Practice (ICDEP), which now includes competencies that specifically reference Indigenous Peoples and knowledges (1.02c, 1.05e, 2.03b, 2.03c, 4.08b) [22]. We emphasise that this work is often difficult and uncomfortable, and thus it requires humility, hyper-self-reflexivity, and a commitment on the part of settler dietitians to engage honestly with the historical and ongoing complicity of the field of dietetics in settler colonialism. Stamina will be required to work with and through the inevitable challenges, complexities, and possibilities involved in substantive change.

Critiques of tokenistic Indigenisation

Despite commitments by many Canadian universities to enact reconciliation on their campuses, some Indigenous scholars suggest that institutional change efforts have been largely selective and symbolic, rather than structural and substantive [19, 23–26]. These critiques note that interrupting and redressing settler colonialism in higher education and health care are not about simply including more Indigenous Peoples and knowledges into existing institutions [27]. It also requires asking how those institutions can interrupt colonial patterns and better serve Indigenous communities, including by addressing institutional complicity in Indigenous genocide and the theft of Indigenous lands and livelihoods (including Indigenous food sources). This is why some suggest that more decolonial or anti-colonial approaches to institutional change are necessary [19]. These critiques also point to the need to ensure that efforts to confront settler colonialism and support the resurgence of Indigenous health and food knowledges avoid the common colonial pitfalls of settler paternalism, tokenism, depoliticisation, and ahistoricism.

In relation to the increased inclusion of Indigenous-related content in course curricula, as well as the increased number of courses dedicated exclusively to Indigenous-related content, Indigenous scholars have raised a number of relevant concerns. These include concerns that processes of Indigenisation and decolonisation can actually be undermined if curricular changes are poorly implemented, and that a narrow focus on curricular changes could displace possibilities for deeper transformations of the colonial distribution of power, land, and resources in higher education and beyond [19]. Others note a concern that many curricular shifts prioritise non-Indigenous students' learning over that of Indigenous students [28], centre the feelings and fragilities of non-Indigenous students, and are premised on the notion that it is primarily the responsibility of Indigenous staff, faculty, and students to shoulder the labour of institutional change. These concerns warrant serious consideration by settlers and suggest that curricular changes must be done in intellectually rigorous and relationally accountable ways that interrupt implicit colonial norms, and colonial patterns of relationship, labour, and resource distribution. At the same time, this does not negate the imperative to transform existing course curricula. The need to engage these transformations is evidenced below in our analyses of the current lack of engagement with issues related to both colonisation and Indigenous Peoples in existing dietetics curricula.

Colonialism and current conversations in dietetics

As Liboiron [27] notes, in order to identify and interrupt colonialism in higher education, "we must first learn about the ways our disciplines have specifically aligned with and benefited from colonialism so that everyone can see those legacies with enough clarity to address them." In the case of dietetics, it is important to highlight that food and nutrition have been used to control Indigenous Peoples in Canada, beginning from the arrival of European settlers in the 1500s. This has included the intentional starvation of Indigenous Peoples by the Canadian government as a political weapon, nutrition-related experimentation in residential schools, the provision of rancid rations, and the continued use of Eurocentric nutrition guidelines [29]. Five centuries of colonial efforts to dispossess and settle Indigenous lands, destroy Indigenous food sources, and assimilate Indigenous People into Canadian society have seriously endangered and in some cases eradicated Indigenous knowledges, including knowledge of Indigenous cultures, traditional food practices, and food systems [29].

It is important to emphasise that the fields of nutrition and dietetics were not only complicit in colonisation and genocide, but also that much of their foundational knowledge is derived

from colonial research. For instance, during the 1940s and 50s, settler nutrition researchers like Frederick Tisdall, co-inventor of Pablum, and Lionel Pett, the inaugural leader of the Nutrition Services Division and lead author of the precursor to Canada's Food Guide, conducted biomedical experiments among Indigenous communities and Indigenous children in residential schools experiencing hunger and malnutrition [30]. Rather than providing immediate food relief, offering medical treatment, or addressing the underlying causes of hunger and malnutrition, these researchers treated Indigenous Peoples as "experimental materials", and Indigenous communities and residential schools as "laboratories" to test out general theories of nutrition and produce knowledge that would enable more efficient "management" of Indigenous Peoples by the settler state. According to Mosby, "The nature of the experiments that [Pett] conducted in residential schools was determined based on a whole series of internal debates among nutrition professionals and bureaucrats about Canada's Food Guide and about what a healthy and nutritionally adequate diet looked like . . . You can draw a direct line between the types of experiments that were being done in residential schools and these larger debates about how they should structure the food guide" [31]. Dietetics programmes in Canada have a responsibility to grapple with the implications of the fact that their field and its foundational knowledges emerged, at least in part, from these deeply colonial contexts.

The negative effects of settler colonialism on Indigenous Peoples' nutrition, health, and well-being are intergenerational and ongoing. This is not a "thing of the past"—Indigenous Peoples' access to food is still heavily controlled by colonial institutions, and Indigenous Peoples' displacement from their ancestral territories significantly affects their ability to access traditional foods [32, 33]. For example, Indigenous heritage has been noted as a demographic household characteristic associated with greater likelihood of food insecurity [29]. At the same time, it is important not to conflate Indigeneity with risk. It is not *being Indigenous* that makes Indigenous Peoples vulnerable to food insecurity and poorer health outcomes; it is *settler colonial policies and practices* that create these risks. In response, as Robin, Dennis, and Hart emphasise [29], Indigenous Peoples have fought to sustain, reclaim, and restore their food systems and achieve food sovereignty in ways that "strengthen cultural ties and connections to land and spirituality".

Indigenous Peoples are increasingly leading their own efforts to improve and ensure culturally safe and relevant health care for their communities [29]. At the same time, there remains an essential role for settler clinicians to work towards transforming the provision of healthcare services in Canada by interrupting colonial practices and policies and taking on more of the labour of institutional change. We emphasise the education of settler dietetics students here because settler clinicians make up the overwhelming majority of registered dietitians (RDs). However, we also recognise that this recentres the learning of settlers, and thus, we highlight the need for dietetics programmes to engage in the parallel work of making clear and substantive commitments to support Indigenous dietetics students in culturally relevant ways, especially given the extremely low numbers of Indigenous clinicians.

As future healthcare providers, settler dietetics students have a responsibility to learn how these historical and ongoing colonial systems have shaped their field, to consider what this means for their own practice, and to advocate for institutional and social change in order to help ensure that Indigenous patients have access to culturally safe healthcare and that Indigenous communities can exercise self-determination in their health care. However, many dietetics programmes continue to emphasise Eurocentric nutrition knowledge and food service management at the expense of attention to social and political issues, including the politics of whose food knowledges "count" [34]. As a result, future settler dietitians may unknowingly perpetuate colonialism and anti-Indigenous racism, alongside other forms of systemic marginalisation, in the healthcare system. They will also be unprepared to advocate for the systemic changes that are needed in order to interrupt colonial patterns in healthcare practice.

Conversations about colonisation, decolonisation, and Indigenisation are relatively new to the field of dietetics education [35]. Huycke, Ingribelli, and Rysdale note, "few dietetics programs offer required courses in cultural competency and dietetics students have generally felt academically underprepared to counsel clients from other cultures" [35]. A focus on interrupting settler colonialism and serving Indigenous communities is especially rare [35], and these discussions are more likely to take place outside of dietetics programmes. Fraser and Brady [34] also found that accredited English dietetics programmes in Canada did not provide adequate knowledge and skills related to social justice advocacy. In a recent survey of Canadian dietitians, the majority of respondents agreed that social justice and advocacy were inadequately incorporated into their dietetic education and training, and more than half felt that they were inadequately prepared with the knowledge or confidence to engage in social justice advocacy [36]. Respondents noted several reasons why social justice should be included in dietetic education, including client-centred care, reflexive practice, advocating for change in the social and structural determinants of health, preventing dietitian burnout, and future growth and relevance of the profession [36].

There is still very little published scholarly literature around decolonising or Indigenising the core curriculum in dietetics, and a lack of literature examining colonial structures and settler complicity within dietetics education programmes. Wilson et al. [37] however did address Indigenous knowledges and epistemologies, Indigenous self-determination, critical reflexivity, and colonisation within a core dietetics curriculum that they developed through an environmental scan, stakeholder input, and teaching development. For instance, they

included a learning outcome of "recognise and explain how the colonisation of Australia impacted and continues to impact Indigenous health". The dearth of literature in the field of dietetics education on Indigenisation and colonisation is indicative of the larger need to confront colonialism and anti-Indigenous racism in dietetics educational programmes and practice.

Curricular changes: ICDEP competencies and beyond

The current dietetics curriculum in Canada is severely lacking in Indigenous-related topics as well as coverage of the impacts of colonisation. The field needs to address these issues to ensure that dietetics education curricula equip students with the necessary skills and knowledge for entry into ethical practice in dietetics. This includes ensuring that students have confronted the colonial dynamics that continue to shape their fields and places of work and study and negatively affect Indigenous patients.

We note that the recent changes to the ICDEP competencies can be mobilised by dietetics programmes to further advocate for and engage curricular change and other efforts to identify, interrupt, and redress colonialism in the study and practice of dietetics. At the same time, we recognise that these revised competencies are in themselves limited and only represent the first step in a long-term process.

On the one hand, the ICDEP's inclusion of three competencies related to "awareness" of Indigenous values and ways of knowing related to food, Indigenous traditional foods, and the impact of colonialism on Indigenous Peoples can offer important initial steps on the pathway to transforming curricula and practice. On the other hand, the language of "competencies" may encourage a superficial "checklist" approach to change [26]. Many Indigenous and other decolonial scholars have pointed out that confronting colonialism in the context of education and other social institutions is not a one-time event but a long-term relational process of learning and unlearning that has no clear end point.

Furthermore, simply cultivating settlers' "awareness" of food-related issues that negatively affect Indigenous Peoples does not necessarily lead settler dietitians to accept responsibility to interrupt ongoing harm. These competencies also do not require students to gain awareness of how settler colonialism has shaped Canadian society, higher education, and food systems, or to gain awareness of their complicity in colonialism and anti-Indigenous racism if they are settlers. In other words, the competencies do not require students to confront colonialism in dietetics or in Canada more generally, or in their own practice as future dietitians. In addition to competencies, RD employment opportunities generally do not prioritise these issues, treating them at best as optional "add-ons".

As many critical Indigenous scholars have pointed out, the Indigenisation of higher education is not merely a matter of increased representation of Indigenous People and Indigenous knowledges. It also requires that Indigenous Peoples and knowledges be treated with dignity, respect, and reciprocity; otherwise, there is a risk of reproducing colonial patterns of engagement [19, 23, 26]. This means that Indigenous scholars, elders, and knowledge keepers should be consulted and fairly compensated as experts in Indigenous food and health knowledges, not settler scholars. Research related to Indigenous Peoples and knowledges in dietetics should also be led by and/or conducted alongside Indigenous Peoples and communities and, when appropriate, should be informed by Indigenous research methodologies, so as not to reproduce patterns of settler paternalism in healthcare [38]. Engagements with Indigenous-related material should also be accompanied by explicitly inviting non-Indigenous students to confront the complicity of their field in systemic colonial harm on both individual and institutional levels and to incorporate this knowledge into their practice, especially when interfacing with Indigenous patients and communities. The role of settler practitioners and colonial healthcare systems in producing negative health outcomes and experiences for Indigenous Peoples must be clearly presented; otherwise, this could lead students to pathologise and blame Indigenous Peoples, rather than identifying the root causes in the colonial healthcare system and settler colonial system more generally. As well, while it is important to highlight the harm produced by settler health and food systems, it is also important to avoid damage-centred narratives that depict Indigenous Peoples as passive victims [39] and erase the strength of their deep, holistic relationships with their foods and food systems, and their efforts to revitalise these [29]. Finally, it is crucial that these efforts be grounded in consideration of the many complexities involved. This includes the complexities that arise from the fact that Indigenous communities, like all communities, are heterogeneous and diverse and thus do not speak with a "single voice", as settlers often expect them to.

With all of this in mind, the inclusion of Indigenous-related material in dietetics curricula must be done in thoughtful, accountable ways that do not tokenise these issues, present them as mere add-ons, or treat colonialism in metaphorical ways. Ideally, this should be done in collaboration with, and following the guidance of, Indigenous Peoples, who should be fairly compensated for their time and expertise. At the same time, settler instructors must accept responsibility to "do their own homework" and minimise the labour that they ask of Indigenous colleagues and collaborators. Dietetics curricula should emphasise the importance of ensuring Indigenous Peoples' access to their ancestral, traditional food sources. In turn, this requires emphasising that Indigenous Peoples cannot access these food sources if they cannot safely access their lands and if they are not safe from various forms of colonial violence, including the gendered violence faced by Indigenous women, girls, and Two Spirit people [6].

Material related to Indigeneity and to how settler colonialism and anti-Indigenous racism continues to shape the

dietetics field should be incorporated throughout curricula as opposed to merely in a single course or module [40]. This can also address supposed barriers to implementation such as "already full programs" [36]. Brady [36] suggests that distinct social justice courses "would reinforce knowledge silos" and that dietetics education as a whole should be planned through a social justice and, we argue, decolonial lens. Although dedicating specific courses to these topics is not mutually exclusive with weaving it throughout all courses, limiting the integration of material to a small number of courses within a programme lets other instructors "off-the-hook" with respect to revising their own courses and mentorship towards anti-oppressive and anti-colonial practices. Changes should also extend to practical application, in accordance with the value placed on clinical knowledge and skills [41].

RELEVANCE TO DIETETIC PRACTICE

Confronting colonialism and ethically engaging Indigenous knowledges and experiences in dietetics curricula has three primary potential impacts: (1) responding to growing calls for the field of dietetics and individual settler dietitians to deepen their accountability towards Indigenous Peoples and their food and health knowledges, including by seeking to fulfil the legal, ethical, and professional obligations that derive from dietetics' historical and ongoing complicity in colonisation; (2) preparing settler dietetics students to work with Indigenous patients and communities in culturally safe and culturally appropriate ways; and (3) improving Indigenous Peoples' health outcomes and experiences of health care.

However, throughout this perspective piece we have argued that good intentions are not enough; it matters *how*

Table 1. Self-assessment questions for dietetic programmes.

When you think about dietetics in relation to other healthcare professions, would you say that dietetics is *behind the curve*, *ahead of the curve*, or *somewhere in the middle* in their efforts to confront colonialism, and engage with questions of Indigenisation and decolonisation?
When you think about your dietetics programme in relation to other dietetics programmes, would you say your programme is *behind the curve*, *ahead of the curve*, or *somewhere in the middle* in their efforts to confront colonialism, and engage with questions of Indigenisation and decolonisation? Could there be a gap between where think you are at, and where you really are? How can you tell?
To what extent and in what ways are settler faculty in your programme committed to confronting colonialism in their teaching, research, and service? What resources are available to support them in doing this work? In what ways is this work prioritised across teaching, research, and service, rather than siloed in particular courses, projects, or events? To what extent is this work ongoing, rather than relegated to particular moments or events?
To what extent and in what ways are your students encouraged to consider how settler colonisation has shaped the field of dietetics, and to consider how the field might be reimagined in ways that interrupt colonisation and enact repair for harms done?
To what extent and in what ways are settler students in your programme prepared to engage with Indigenous patients in culturally safe and culturally appropriate ways?
If you were told that within 5 years your programme needed to ensure that at least 25% of course content centred issues related to settler colonisation, and the worldviews, knowledges, and experiences of Indigenous Peoples in meaningful, rigorous, and accountable ways, how would the members of your programme likely respond? What would you need to do now in order to make that change possible within the deadline? What would be the barriers to change? What existing capacities do you have that could help you move in this direction? What capacities would you need to develop?
What would you need in order to support students in your programme to not only intellectually engage with these issues but also to shape their practice in ways that are oriented by trust, respect, accountability, and consent—with Indigenous Peoples, and indeed all patients?
In what ways are Indigenous Peoples currently involved in your programme—e.g., as students, faculty, staff, collaborators, community partners? Is this involvement adequate? Is your department or unit a culturally safe environment? For instance, do they feel welcome to bring their own cultural understandings of health, well-being, and nutrition? Is there an understanding of tokenism and paternalism? Are they treated in tokenistic or paternalistic ways, or is their expertise and experience recognised, valued, and adequately compensated? Are they expected to carry the bulk of the labour of change, or do settlers in the programme share this labour? What would be needed in order to work towards creating such an environment? How do you know the answers to these questions? Who would be able to help your programme answer these questions, either from within the programme or not? Would you be able to 'hear' this feedback, especially if it was critical of your programme?
What are three next steps you can commit to taking to deepen your engagement with questions of decolonisation and Indigenisation? How can you commit to this for the long haul?

these issues are incorporated into curricula, as recognition and inclusion are insufficient and can reproduce further colonial harm. Dietetic programmes across Canada have an important opportunity to reshape their curriculum and prepare future practitioners to become more socially accountable healthcare providers and more informed catalysts for reimagining healthcare systems. We encourage programmes to go beyond treating competencies as "completed tasks" and to instead engage in an ongoing practice of deeper, more self-reflexive examinations of their programmes and the extent to which they do or do not engage questions of colonialism and settler accountability to Indigenous Peoples and knowledges.

Synthesising the issues reviewed in this paper, we offer five basic starting points for dietetics programmes to consider when beginning this work: (1) in order to interrupt ongoing colonial patterns, we must honestly confront how the field of dietetics has been and continues to be complicit in settler colonialism, including the dispossession of Indigenous Peoples lands and food sources; (2) superficial and tokenistic "window dressing" approaches to addressing colonisation and engaging with Indigenous Peoples and knowledges waste time and resources, and do not create the conditions for respectful, reciprocal relations between settlers and Indigenous Peoples; (3) settlers who are committed to deeper forms of transformation should expect this will be at times difficult, frustrating, complex, and uncomfortable because it will require interrupting their perceived entitlements and presumed benevolence, as well as interrupting desires for simple, feel-good solutions; (4) documents like the TRC Calls to Action and the Calls to Justice of the National Inquiry into Missing and Murdered Indigenous Women and Girls make it clear that Indigenous Peoples' access to nutritious and culturally relevant food sources cannot be separated from wider struggles to ensure respect for Indigenous Peoples' treaty and inherent rights, sovereignty, and self-determination; and (5) this is long-haul work, so we must develop the stamina, and the intellectual, affective, and relational capacities to stay with it, especially when things get difficult.

We conclude with a series of initial questions (Table 1) that dietetics programmes can ask themselves to engage in an honest discussion about where their programme is currently at in relation to the work of confronting colonialism, where they would like to be, and what the next steps might be. This self-assessment is meant to be a prompt for deeper discussion, rather than a tick-the-box exercise, and it is only the first step in a long-term process of reimagining dietetics in ways that seek to interrupt the enduring colonialism that shapes health care in Canada. These questions are inspired by the Self-Assessment Tool of the University of British Columbia's Indigenous Strategic Plan [42].

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