

# Integrating Indigenous Perspectives and Communities into Dietetics

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**National  
Indigenous  
Diabetes  
Association**

**Association  
nationale  
autochtone  
du diabète**



**University  
of Manitoba**

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## Executive Summary

With Indigenous Initiatives funding from the University of Manitoba, we sought to gather input and teaching resources to integrate Indigenous perspectives and First Nations communities into dietetic education and training. The Department of Food and Human Nutritional Sciences is currently developing a Masters of Applied Human Nutrition program, which is expected to launch in September 2023, to replace the Winnipeg Regional Health Authority-led Manitoba Partnership Dietetic Education Program. First, we hosted a virtual Gathering in partnership with the National Indigenous Diabetes Association, including representatives from the Manitoba First Nations Diabetes Leadership committee, Registered Dietitians with First Nations and Inuit Health Branch, and faculty and students from the Department of Food and Human Nutritional Sciences. Other attendees included Aboriginal Diabetes Initiative workers and Registered Dietitians practicing in Manitoba. We heard from a number of First Nations leaders, Elders, and Knowledge Keepers on topics ranging from traditional food practices, working with First Nations communities, and anti-racism in healthcare. Through these speakers and sharing circles, we heard four themes: *importance of understanding (and addressing) structural issues, enhancing education for students and trainees, including Indigenous voices, and working in partnership with communities*. Second, we hosted a virtual discussion with Registered Dietitians who identify as Black, Indigenous, or People of Colour to gather input regarding how dietetic training can be more equitable and inclusive. Again, three main themes emerged: *structural barriers, enhancing curriculum, and fostering inclusion through representation and mentorship*. Finally, we completed a literature search to identify resources within the academic literature related to dietetics and teaching cultural competency/safety, anti-racism, working with Indigenous communities, and recruitment/retention of underrepresented students, including from rural/remote areas. This work has been summarized here and will guide the development of the Masters of Applied Human Nutrition program and ongoing enhancement of undergraduate nutrition education at the University of Manitoba.

## Introduction

The Department of Food and Human Nutritional Sciences at the University of Manitoba (UM) is in the process of developing a new Masters of Applied Human Nutrition (MAHN) program to replace the sunsetting Winnipeg Regional Health Authority-led Manitoba Partnership Dietetic Education Program (MPP). The proposed 1-year MAHN program is planned to launch in September 2023. This applied program will prepare students who have completed a four-year accredited undergraduate degree in nutrition to write the Canadian Dietetic Registration Examination.

Simultaneously, First Nation communities have acknowledged the lack of dietetics programs and services for their communities, despite the disproportionate burden of type 2 diabetes. Furthermore, we have documented significant inequities with dietetic training in Manitoba, such that Caucasian or white students in our undergraduate program report nearly 3 times higher odds of acquiring a dietetic internship as compared to racialized or Indigenous students<sup>1</sup>. We also documented high turnover among recent dietetic graduates in rural areas<sup>2</sup>. To address these shortcomings and take advantage of the opportunity to develop a dietetics training program from its inception, our overarching goals are to:

1. Enhance dietetic services, programs, and culturally safe care for First Nations and off-reserve Indigenous<sup>3</sup> communities in Manitoba.
2. Integrate Indigenous perspectives, communities, and experiential learning within dietetic education; and
3. Promote nutrition/dietetics as an area of study and prospective career to Indigenous children and youth.

To meet our goals in the MAHN program development, and as part of this Indigenous Initiatives funding, we:

1. Hosted a Gathering of stakeholders, including First Nations health service leaders and champions, Knowledge Keepers, and community leaders in traditional food systems and food sovereignty to identify community priorities to inform our continued planning of the MAHN program.
2. Hosted a Discussion with practicing Registered Dietitians who identify as Black, Indigenous, and People of Colour to determine field-specific suggestions to enhance equity, diversity, and inclusion within dietetics training.
3. Conducted a literature review and scan of best practices in integrating Indigenous content in dietetic and health professional programs

We outline these three initiatives within this report, summarized as “what we heard” (i.e., from the Gathering and Discussion sessions) and “what we found” (in our literature review and scan of best practices).

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<sup>1</sup> Riediger, N. D., Kingson, O., Mudryj, A., Farquhar, K. L., Spence, K. A., Vagianos, K., & Suh, M. (2019). Diversity and equity in dietetics and undergraduate nutrition education in Manitoba. *Canadian Journal of Dietetic Practice and Research*. <https://doi.org/10.3148/cjdpr-2018-034>

<sup>2</sup> Mudryj, A., Farquhar, K., Spence, K., Vagianos, K., Suh, M., & Riediger, N. (2019). Employment Outcomes among Registered Dietitians following Graduation in Manitoba. *Canadian Journal of Dietetic Practice and Research*. <https://doi.org/10.3148/cjdpr-2018-035>

<sup>3</sup> Indigenous People in Canada are comprised of First Nations, Métis, and Inuit, as defined in Section 35 of the Canadian Constitution of 1982. Where applicable we have used the most specific name to refer to the Indigenous group or population.

The findings from this report will provide insight and guidance to the UM dietetic committee in the ongoing development of the MAHN program, as well as undergraduate dietetic education.

## Funding

This work was supported by an Indigenous Initiatives Fund (\$30,000) from the UM Office of the Vice-President Indigenous in 2020-2022, as well as partnership and guidance from the National Indigenous Diabetes Association. Funding supported the hiring of a part-time Coordinator of Indigenous Integration, Krista Beck BSc RD, followed by Page Chartrand BSc (HNS) and Chantal Perchotte BSc (HNS) to coordinate the compilation of this report. All of whom identify as Métis.

## What We Heard, Part I: Building Bridges - Integrating First Nation's Perspectives & Communities into Dietetics Virtual Gathering

On April 30<sup>th</sup>, May 7<sup>th</sup>, and May 14<sup>th</sup>, 2021, over 100 individuals gathered to learn and connect at the Building Bridges: Integrating First Nation's Perspectives & Communities into Dietetics virtual Gathering (hereafter referred to as the Gathering). Together we learned from Elders, Knowledge Keepers, and First Nations health professionals and community leaders about traditional medicines, First Nations food systems, colonialism, anti-racism, and how dietetic professionals can better serve First Nations Communities and be effective advocates<sup>4</sup>. The National Indigenous Diabetes Association identified speakers to be invited.

During the Gatherings, participants and speakers were invited to take part in sharing circles to discuss community priorities (for First Nations attendees), experiences of practicing dietitians working with First Nations communities, and recommendations for training dietetic students<sup>5</sup>. The second and third Gathering days each included five sharing circles with approximately 5-8 attendees. Notes were typed from each group by student volunteers, amalgamated, and underwent a thematic analysis<sup>6</sup>. We constructed a mind map to outline the main themes (**Figure 1**).

An attendee of the Gathering brought up an important question of why the focus of the Gathering was on First Nation communities. There are several reasons for this focus, although we would like to note that many of the concepts discussed by speakers (of whom some are First Nation and Métis) are relevant to First Nations living in urban areas (and accessing health services), as well as Métis and Inuit, specifically anti-racism, colonialism, and cultural safety. Firstly, 18% of the Manitoba population identifies as Indigenous, with Winnipeg having the highest urban Indigenous population of any major Canadian city<sup>7</sup>. This results in a substantial Indigenous population accessing health services in urban centres (i.e., provincial healthcare systems) and due to this, dietitians receive exposure through their training. In contrast, dietitians receive less training within First Nations-led health services, on-reserve; and we heard prior to this Gathering, that dietetic services were less accessible on-reserve. Second, there are several authors of this report who identify as Métis and have provided their input on the Gathering planning, writing this report,

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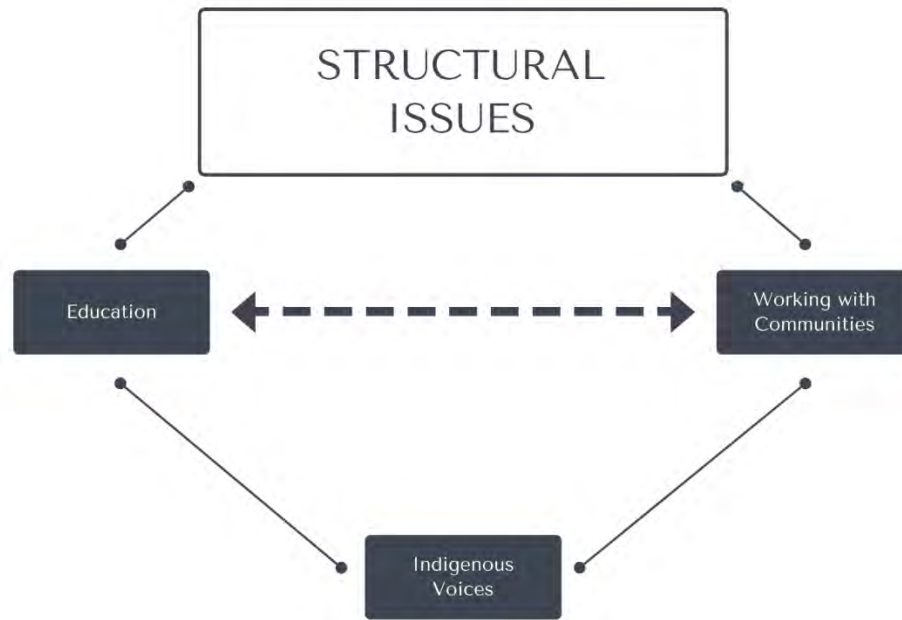
<sup>4</sup> See Appendix A - Speaker Presentation Description and Key Takeaways

<sup>5</sup> See Appendix B - Building Bridges: Integrating First Nation's Perspectives & Communities into Dietetics Virtual Gathering Topic Questions

<sup>6</sup> Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2). pp. 77-101. ISSN1478-0887 Available from: <http://eprints.uwe.ac.uk/11735>

<sup>7</sup> Statistics Canada. 2017. *Manitoba and Canada (Aboriginal Population). Census Profile*. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released November 29, 2017. <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E> (accessed October 26, 2021).

and ‘what we found’. Third, food systems on-reserve are less familiar to most students and dietitians as compared to rural or urban food systems, as well as traditional food practices. We acknowledge a lack of Inuit engagement in our processes and will continue to work towards inclusion of Inuit perspectives, history, and literature as we continue to work towards our goals.



*Figure 1. Mind Map Outlining Main Themes Mentioned Throughout Sharing Circle Discussions*

## Structural Issues

Multiple attendees of the Gathering reiterated the need to address structural barriers for dietetic care for First Nations in Manitoba, as well as for students/trainees to have education relating to structural barriers. These issues can be grouped in two broad, inter-related sub-themes, 1) structural barriers relating to funding for dietetics services and administrative strains, and 2) those relating to food access for First Nations communities and clients.

### *Issues Related to Funding for Dietetic Services and Administrative Strains*

Most of the dietitians and First Nation attendees at the Gathering understood the importance of visiting First Nation communities and felt that it was a crucial step in developing connections. However, dietitians identified several barriers that hindered their ability to effectively serve and support First Nations communities. Of those, accessibility concerns pertaining to travel to communities were noted to be the most substantial barrier. One attendee mentioned that their position only allows rural visitation 2-3 times/year due to lack of funding. While others noted that the perpetual staff change-over creates strain between communities and dietitians, which limits the development of relationships.

Many dietitian attendees mentioned difficulties in identifying the appropriate point of contact within a community. One attendee suggested a formal network that could connect dietitians with appropriate contacts; currently there is no network that participants were aware of.

In some areas, the dietitian's role has shifted to focus more on administrative duties, such as signing a therapeutic diet form for clients to access needed funds to support dietary management of chronic disease. Given the short time dietitians have to visit communities, there is no time for nutrition/health initiatives, and instead, dietitians focus on supporting clients in accessing basic resources, i.e. signing therapeutic diet forms.

Some dietitians mentioned they felt they had little political power, which is needed to make substantial change for First Nations communities. This led some attendees to mention that advocacy should be increasingly viewed as part of the job as well as helping address feelings of powerlessness that some dietitians feel in their role.

### *Issues Related to food access for First Nations Communities and Clients*

Speakers and other attendees at the Gathering emphasized structural barriers for First Nations communities and clients in accessing nutritious foods. This included subthemes related to 1) limited economic access and income supports, and 2) limited food availability and accessibility.

A dietitian attendee mentioned that within the community they work, some clients are living off a fixed income of ~\$200/month. The challenge that dietitians face is how to help clients with limited income, and provide dietary recommendations knowing clients are not able to act on any recommendations. These barriers also encompass cost, acceptability and accessibility of foods available in or near First Nations communities. Issues with transportation to food stores in northern Manitoba was discussed. Some stores can be over a kilometer away, and without transportation, access is limited, once a month or less in some cases. Additionally, over-priced foods or foods close to expiration are common for rural and remote First Nations communities.

Barriers to food access involves all foods, including traditional foods to the community. Many speakers mentioned the loss of traditional food practices (e.g., hunting, berry picking, etc.), which has contributed to increasing reliance on highly processed foods.

Gardening was a concern brought up throughout the Gathering and sharing circles. Some attendees felt that gardening provided a sense of independence within a community or for individuals, and explained how the community benefited from having gardens. On the other hand, other attendees mentioned the potential trauma some First Nations or individuals attach to gardening due to practices of forced gardening in residential schools. One attendee also mentioned that many of the residents that they worked with were discouraged from gardening due to cuts to their benefit cheques if they participate in gardening.

Related to both sub-themes, speaker and attendees discussed the importance of children's programming to support wellness and that funding for programs was insufficient. Given the rise in type 2 diabetes among children, the need for programs is overwhelming, including those aimed at integrating traditional teachings and healthy eating.

### **Education**

Enhancing education for dietetic health professionals on the topics discussed by speakers is critical to providing equitable and culturally safe care for First Nations communities and clients. Both attendees and speakers highlighted the importance of integrating Indigenous content and self-reflective exercises throughout post-secondary programs and throughout one's career. Many dietitians expressed regret that these topics were not included in their undergraduate or internship training. However, they were happy that dietetic students were in attendance at the Gathering and that these topics were going to be included in curriculum going forward. Some dietitians have acquired additional training and education elsewhere (i.e. not through the university) to better

equip themselves to provide culturally safe dietetic care. Speakers advocated for the inclusion of Indigenous content within the proposed MAHN program and emphasized the benefits of gaining these competencies before entering communities or working with First Nation populations, which may risk causing harm. The following are five key areas that should be included to enhance dietetic education: First Nations healthcare and food systems, anti-racism and self-reflective care, advocacy, trauma-informed care, and an expanded understanding of the role of a dietitian.

### *First Nation Healthcare & Food Systems*

Many attendees felt that they did not have foundational knowledge of First Nations health care systems and their differing funding/administrative structures. As a result of this curriculum omission, a lack of system literacy contributed to feeling unprepared for internship placements in First Nation communities. This left students/trainees/practitioners to learn on the job and seek out their own resources, which is difficult to integrate into busy work and study schedules. Students/interns require foundational knowledge on how First Nations health systems differ/complement provincial healthcare systems, including the barriers this generates, particularly related to jurisdictional disputes.

### *Anti-Racism & Self-Reflective Care*

Dietitian attendees all agreed that self-reflection (i.e. reflexivity) and anti-racism skills are critical to their work and that these concepts need to be introduced early in undergraduate curriculum. Reflecting on and identifying one's own personal biases, including those related to food and nutrition, should be an ongoing practice. Students must examine their own trauma and biases, and understand their own relationship with food before they can effectively support clients. Attendees warned that if students are not given the space, techniques, and tools to reflect, it may cause harm to communities and others in practice. In addition, attendees mentioned that students need to practice self-reflection regarding the area they wish to pursue and any biases, preconceived notions, or knowledge gaps they may have in relation to that area.

### *Advocacy*

Throughout the Gathering the importance of advocacy work was brought up by many dietitians. Students need to learn what it means to be an advocate, why they should advocate, the importance of their work, and how advocacy fits within it. Specifically, this included advocacy regarding community barriers to accessing food and that providing service should go beyond that service within a community. Advocacy includes listening to, and elevating client/community initiatives and concerns.

### *Trauma-Informed Care*

Many speakers and attendees agreed that the work dietitians do in First Nations communities required a trauma-informed lens. One speaker, Tabitha Robin suggested the book, "Decolonizing Trauma Work", by Renee Linklater as an excellent resource for students. Dietitians who work with First Nation communities and clients, highlighted that their work is never solely about food; mental health and trauma are always important considerations. Counselling skills and trauma-informed care practices should be essential competencies for dietitians. Speakers and attendees also noted that trauma-informed care could not be accomplished without dietitians acquiring sufficient competencies in First Nations history (i.e. Canadian history), and healthcare



systems, as they are all inter-related. Furthermore, traditional teachings also have an important role to play in trauma-informed care.

### *The Role of the Registered Dietitian*

Throughout the Gathering dietitian attendees mentioned that they feel inadequate in their roles beyond the client-centred, normative approach. Dietetic care is more than providing nutrition care, community nutrition is about empowering and supporting communities to thrive by building their own food systems, creating partnerships, offering advice, providing helpful resources, and listening to their needs. There is a substantial gap between theory and practice that many felt from undergraduate education to dietetic internship, which reiterates why experiential learning is so critical. The lack of applied and experiential learning during undergrad can leave students overwhelmed during the first few years of work.

### *First Nations Voices*

First Nations voices are needed in the dietetics curriculum. Within this theme, there were three specific areas that speakers and attendees outlined where First Nation voices would be valuable, including Canadian and Indigenous history, traditional food systems and teachings, and language.

### *Indigenous and Canadian Histories*

Indigenous histories precede Canadian history, though Indigenous perspectives have been largely absent from post-secondary (and primary and secondary) education. This contributed to many attendees feeling their education was lacking in this regard. One attendee noted that there was no mandatory Indigenous-focused course within the undergraduate program but instead an optional elective that was neither advertised nor recommended. It is critical that dietetic graduates have an understanding of colonialism, treaties, the Indian Act, and particularly, the history of residential schools and intergenerational trauma, from the perspectives of Indigenous people. As mentioned at the Gathering, there can be no reconciliation without truth, and truth comes before reconciliation.

### *Traditional Food Systems & Teachings*

Attendees appreciated the speaker topics on traditional foods, traditional food systems and traditional teachings about foods; many felt that these topics should be included within curriculum. Some attendees who have worked with, or lived in rural settings, felt that traditional food knowledge was critical to creating beneficial services for communities. In addition, some attendees mentioned learning the effects of industrialization (e.g., Manitoba Hydro Dams), climate change, and other human-made developments (e.g. pipelines) on traditional food systems of many First Nations is also important.

### *Language*

The connection between Indigenous languages, food, and health was presented by speaker Byron Beardy. Dietitian's need to realize the impact and meaning of language (including language revitalization) in communities, and that language can be a useful tool for discussing nutrition and connecting with clients. An attendee added that, if possible, speaking a community's native language can help build relationships and trust between dietitian and client.

## Working with Communities

The last major theme that we heard throughout the Gatherings was both the importance of, but also concerns surrounding, working with/in First Nations communities. Within this theme, we identified three inter-related sub-themes: 1) relationship building; 2) access/availability issues to food; and 3) providing community-centred care.

### *Relationship Building*

Building relationships with communities, and clients, is integral for creating trust and mutual respect. One speaker, Kayla Perry, reiterated that building relationships are more important than providing nutrition advice for some clients. It is important to have a foundation with your client or community and have a general understanding of their lives (including accessibility issues and barriers) before properly supporting their needs. This in turn will build trust and contribute to better dietetic care.

However, visiting some First Nations communities comes with its own barriers (e.g. time and cost), but most speakers and attendees agreed that getting to visit First Nations communities is essential to building the relationship. The speakers hoped that the MAHN program would integrate placements during undergraduate and internship so that students could begin that process.

### *Access/Availability Issues to Food*

Part of building relationships and understanding the context that clients live in, is understanding the barriers to accessing traditional food, for example the quality of the soil in terms of being able to grow garden. As well as understanding the availability/accessibility of store bought food in the community. Identifying barriers and restrictions for communities is critical to provide relevant support and service. This is challenging to learn without working with communities. One attendee mentioned the struggles associated with connecting urban First Nations people (for example, living in Winnipeg) with their home communities for traditional food practices due to loss of traditional food procurement in urban settings. Another dietitian attendee mentioned that while some First Nations communities are strengthening their traditional food systems, some may not want to. This brings back the importance of relationship building and listening to each community's or clients' specific needs and tailor an approach to be as effective as possible.

### *Providing Community-centred work*

Client-centred care may not always be the most acceptable approach when working with communities, and many noted that dietitians focused primarily on this type of care. Community or more collectivist worldviews are important to many groups, and one-on-one client centred care may be inefficient in these settings. More dietitians need to provide initiatives that support communities and focus less on the individual. Learning more about community-centred care will provide dietitians the tools to support communities more effectively. Every community is different, and understanding this is important for providing community-centred support. Dietitian attendees who currently work with First Nations communities mentioned that they do more listening than talking to allow communities to express their needs. Community-centred work is not just providing workshops, activities, or resources. Knowing the community (i.e., access/availability issues and barriers to food) and working with community leaders will create more opportunities for dietitians to support communities and clients.

## What We heard, Part II: Virtual Discussion with Registered Dietitians who self-identify as Black, Indigenous, and People of Colour

On September 17<sup>th</sup>, 2021, virtual discussions with Registered Dietitians who self-identify as Black, Indigenous, and People of Colour (BIPOC) (hereafter referred to as the discussion) took place to hear the experiences and suggestions of BIPOC dietitians regarding dietetic education and training. The goal of this discussion is to inform and improve the inclusivity of the MAHN program and dietetic training in Manitoba. While the overarching goal of the Indigenous Initiatives funding and initiative was to support Indigenous communities, we elected to have a broader inclusion of dietitians (i.e. BIPOC) because 1) we were unsure of how many Indigenous dietitians might attend; and 2) broader inclusion benefits everyone.

The discussion event welcomed eight dietitians from food service, clinical, and community settings working in Manitoba, most of whom trained in Manitoba. The attendees shared their experiences and provided insightful advice on how the curriculum (and the university) can be more inclusive<sup>8</sup>. Those ideas have been outlined in the mind map in Figure 2 below.

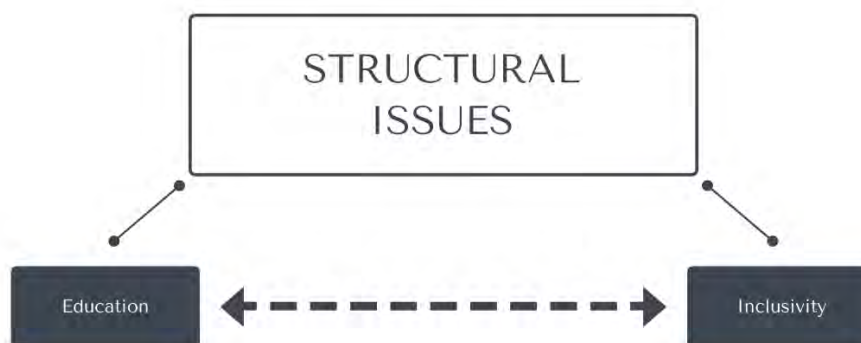


Figure 2. Mind Map Outlining Major Themes Seen Throughout RD Discussions

### Structural Issues

There were several structural issues outlined in the discussion session i) within post-secondary education generally, ii) dietetic training specifically, iii) within the College of Dietitians of Manitoba, as well as iv) Outreach. Attendees acknowledged that these areas need to be more supportive of the BIPOC community and for the dietetic profession to be inclusive.

#### *Post-Secondary Education*

Attendees expressed concerns regarding income-related inequities in access to post-secondary education and dietetic training that disproportionately impacts BIPOC students. Attendees mentioned that BIPOC students, including international students, have very few, if any, financial aids available to them. There was concern regarding the tuition costs of the MAHN

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<sup>8</sup> See Appendix C - Virtual Discussion topic questions with Registered Dietitians who self-identify as Black, Indigenous, and People of Colour

program, particularly compared to the MPP program, which was largely free but also unpaid, and the potential impacts of this on equity for BIPOC students.

International students have additional difficulties when pursuing dietetics education and training in Canada compared to citizens and permanent residents in a number of areas, such as language, financial challenges, and recognizing previous training, among others. Attendees mentioned that there are no bridging programs to assist and support international students in this process, which would have been helpful.

### *Dietetics profession*

Attendees reflected on their experiences with The College of Dietitians of Manitoba. They recounted the lack of representation within the College itself and absence of systems in place to report discrimination, which attendees experienced.

Multiple attendees also discussed and agreed that dietitians are not sufficiently or fairly compensated in their work. In most cases, the cost of training and education far outweighs the salary and job opportunities, which likely deters potential trainees.

### *Dietetic Training for International Students*

Internationally trained dietitians reflected on the difficulties they faced when first seeking employment and further training in Canada. The current program puts internationally-trained dietitians through evaluations that assess their clinical knowledge. Unfortunately, since there are no bridging programs, many internationally-trained dietitians had a hard time passing, which they attributed to cultural differences between Canada and where they were educated. Generally, the competitive culture of dietetics education does not contribute to a supportive program for international students to thrive in the program as a dietitian.

### *Outreach*

Related to concerns regarding salary and pay, attendees felt that dietetics was not well-recognized as a profession, particularly among BIPOC communities. The lack of outreach within these communities contribute to fewer BIPOC dietitians in the field. Outreach to dietitians who work with BIPOC groups may be helpful in building these connections.

## Education

A second main theme was enhancing education through updates to undergraduate curriculum and internship training.

### *Curriculum*

Similar to what we heard from the Gathering, attendees at the discussion indicated the lack of cultural competency/safety content within undergraduate education was a major concern. Understanding cultural diversity as it relates to food is important, especially in a diverse province such as Manitoba. Within the current curriculum, there is no required content related to culture, trauma-informed care, or non-western food practices. To adequately support BIPOC communities and clients, as well as provide a more inclusive environment for BIPOC students, the curriculum should be enhanced to include more content related to culture and food. Attendees admitted that it was not until after they graduated that they understood that their cultural foods and food practices were acceptable, and that food culture is a diverse and expansive topic.

Beyond creating a more diverse and inclusive curriculum, the expansion of counseling training, and personal reflection content (i.e. reflexivity) were highly supported. Asking questions about/reflecting on what was learned, why it was important, and how it impacted client care may have substantial benefits in terms of lifelong learning as well as ongoing improvements to client care. Competencies related to self-reflection would be most beneficial if introduced into the curriculum early on (e.g. 1<sup>st</sup>-2<sup>nd</sup> year) with the goal of continual education. Gaining these key competencies throughout your entire degree will also contribute to dietitians providing a more inclusive practice and a more inclusive dietetic profession.

### *Internship Training*

Concerns related to internship training (which will soon be part of the MAHN program) were a main topic of discussion. Attendees noted the English competency is at the forefront of all internship (MPP) applications. One attendee mentioned a potential bias against applicants who do not have western names, as they may be assumed not to have adequate English language skills.

During internship, interns are assigned placements, which provide experience and exposure to various areas of practice. Many participants noted multiple challenges that they faced with the placements, including obtaining preferred or equitable placements. First, equity between placements was reported as a significant barrier for many BIPOC trainees. One attendee noted that some rural placements offer per diem, others offer free apartments, and some offer nothing. Trainees facing significant financial barriers may be substantially disadvantaged; therefore, the placement assigned is critical. Beyond that, due to the pandemic, many First Nations-focused placements have since been cancelled, as well as the annual anti-racism training (a 2–3-day mandatory program) was also cancelled. Many interns were placed within vulnerable and diverse communities without this training, which was very disappointing to all. However, we heard following the Gathering and Discussion, in 2021, that anti-racism training for interns in MPP was reinstated and led by First Nations Health and Social Secretariat of Manitoba (FNHSSM). FNHSSM may be an important resource for this training and partnership for MAHN program development, and this should be explored further.

Lastly, some of the attendees are, or were, preceptors (educators) and feel that there needs to be mandatory formal training on how to best support interns. Supporting reflexivity and cultural sensitivity is an important task for preceptors to adequately train students/interns. Currently, the preceptor training is optional; and of the attendees reported having taken the courses, they found it to be a beneficial experience and believe that it should be mandatory for all preceptors.

### *Inclusivity*

One of the more prominent topics during the Discussion related to concerns of inclusivity within the profession, the University, and the internship program. Inclusivity concerns included representation, advocacy, and support and are outlined in the following sections.

### *Representation*

Attendees discussed the need to feel supported and represented in all levels of training (from undergraduate to RD status), including representation in planning and teaching programs. Representation in curriculum and teaching will contribute to inclusive content. Attendees questioned BIPOC involvement thus far in the MAHN program. One attendee also cautioned that activism fatigue is common for BIPOC professionals and is not to be overlooked. Advocacy for

BIPOC inclusion and representation is also important, and the responsibility for inclusion rests with everyone.

### *Advocacy & Support*

Attendees agreed that the safety of BIPOC students is paramount. Students need to feel safe and respected before they can learn. Knowing that there are reporting systems in place that work, specifically in instances of racial (or gender) discrimination, are necessary to ensure the safety of BIPOC students.

Attendees felt that networks and mentorship opportunities could benefit current (and future) students in the program. Connecting BIPOC students to BIPOC dietetic professionals can contribute to creating safe spaces to have important conversations about the program and the profession. It can also be a source for information on opportunities that empower and build BIPOC communities. An example of a program in place is Diversify Dietetics. This programs' mission is to "increas[e] the racial and ethnic diversity in the field of nutrition by empowering nutrition leaders of color<sup>9</sup>." These programs can provide a community of support to students during their academic and dietetic training, particularly support during challenges.

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<sup>9</sup> Diversity Dietetics Inc. 2021. *Our mission*. Retrieved by <https://www.diversifydietetics.org>

## What We Found

In addition to the Gathering and Discussion, we completed 1) a targeted literature review and 2) scan of best practices regarding inclusion of Indigenous content in dietetic programs across Canada as well as health professional education programs at the University of Manitoba through visiting university websites and reaching out to programs. Finally, Krista Beck and Page Chartrand attended the 2020 and 2021 International Critical Dietetics conferences, respectively, to gather additional resources related dietetic curriculum and teaching.

### Literature review

We identified topics *a priori* for literature review based on our collective knowledge of the field and previous research of our program that demonstrated challenges regarding turnover of dietitians in rural areas<sup>10</sup>. These topic areas included pedagogy related to teaching cultural safety, humility, and competency specific to dietetics as well as Indigenous-specific cultural competency training; and recruitment of Indigenous students and students from rural/remote areas. The academic papers have been summarized according to topic in **Appendix D**. We collected additional resources related to anti-racism that have been recommended by others that can be used in teaching, as well as important reports such as the *Truth and Reconciliation Commission Final Report*, and *Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls*.

The Federation of Saskatchewan Indian Nation's delivered a comprehensive review on a culturally responsive framework (CRF) for health care practices<sup>11</sup>, including educational implications. CRF follows many of the same recommendations and principles found within our report and emphasized the importance of First Nations competencies, trauma-work strategies, and the importance of collaboration and partnership with First Nations communities. This report serves as a guideline for institutions and health services a-like, to create cultural responsiveness within their programs with the overarching goal of providing inclusive care to First Nations communities.

In summary, we found that teaching strategies included inter-professional education; service learning or experiential learning; traditional classroom lectures, discussions, and assignments. In addition to strategies for teaching students, additional training for faculty and instructors related to teaching either Indigenous content, cultural safety, issues of culture or race was necessary, as well as training related to Indigenous history, anti-racism, and cultural safety for all faculty regardless of the content they teach.

### Scan of best practices

In reviewing websites and reaching out to accredited dietetic training programs, we found sparse inclusion of Indigenous content, with the exception of the Northern Ontario Dietetic Internship Program. A published journal article based on this program has also been included in

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<sup>10</sup> Mudryj, A., Farquhar, K., Spence, K., Vagianos, K., Suh, M., & Riediger, N. (2019). Employment Outcomes among Registered Dietitians following Graduation in Manitoba. *Canadian Journal of Dietetic Practice and Research*. <https://doi.org/10.3148/cjdpr-2018-035>

<sup>11</sup> Federation of Sovereign Indigenous Nations, (2017). Cultural Responsiveness Framework. Retrieved by <https://allnationshope.ca/userdata/files/187/CRF%20-%20Final%20Copy.pdf>

our literature review (Huycke, Ingridelli & Rysdale, 2017), which includes identified competencies related to culture and food and nutrition.

We identified a number of faculty teaching Indigenous content at UM Rady Faculty of Health Sciences, Indigenous content related to health professional education on the UM Libraries website, as well as Dr. Riediger (faculty lead of this report) has joined the Building Relationships for Anti-racist Indigenous Development (BRAID) Network for Health Educators, led by Indigenous scholar, Linda Diffey, and also funded by Indigenous Initiatives funding. We plan to leverage these existing UM resources and network to further enhance our undergraduate and MAHN curriculum, as well as inter-professional education.

With regard to learning from the International Critical Dietetics Conferences, we found several examples of initiatives to support Indigenous and racialized communities and dietitians in Australia, the U.S., and Canada. Peer mentorship and communities of practice for BIPOC dietitians, as well as dietitians completing experiential learning placements with Indigenous communities were presented as effective initiatives. Dr. Erin Green, a lecturer at Cornell University, presented a 2.5 month pilot program for teaching dietetic interns about issues of racism, culture and implicit biases that may be a useful pedagogical tool to emulate.

In the 2021 World Critical Dietetics' Conference, themed "It's High Time: From Awareness to Action – Advancing social justice through critical health pedagogy's", attendees were encouraged by international speakers to reflect on many issues that are also included within this report. Dr. Tabitha Robins (PhD, Assistant Professor, University of British Columbia and speaker at our Building Bridges Gathering) presented on Indigenous knowledge as food literacy and discussed the importance of revitalizing the knowledge, practice, and processes of Indigenous food systems. Eric Ng (MPH, RD, Assistant Professor Teaching Stream, Dalla Lana School of Public Health, University of Toronto), Nadia Pabani (RD, MScAHN, CDE, Regent Park Community Health Centre, Dietitians for Food Justice) and Mikahelia Wellington (RD, MPH) reflected on their research on the importance of educators (preceptors) providing dietetic students who identify as Black, Indigenous, or People of Colour supportive learning environments with anti-racism/oppression training and included potential best practices for these courses.

This limited list of presenters at the 2021 World Critical Dietetics conference is by no means exhaustive. Other topics included LGBTQ+ health, Health-at-Every-Size, plant-based diets, food justice, food sovereignty, and more. Moving forward, this annual conference will likely be a relevant resource and complement the Dietitians of Canada annual conference as a source of professional development for faculty and students.



## What We Recommend

From ‘What We Heard’ and ‘What We Found’, we have developed a list of recommendations, organized by five general (but overlapping) areas, to guide the work of the UM’s dietetics committee in the continued development of the Masters of Applied Human Nutrition and the undergraduate degree programs. We encourage other stakeholders to consider additional aspects of ‘what we heard’ and how their sphere of influence and/or organization can contribute to addressing the issues documented here.

Areas	RECOMMENDATIONS
Program Governance	Develop or utilize existing Anti-Oppressive/Anti-Racism Training and make it mandatory for preceptors, faculty, and instructors regardless of the content they teach
	Develop an advisory committee with diverse representation from Indigenous communities and BIPOC dietitians to continually inform program and curriculum planning that meets regularly
	Ensure dietetic practicum placements in rural settings are equitably funded and assigned
	Identify funding for students who face financial barriers via scholarships, bursaries, grants, etc.
	Create or identify UM policies that ensure safety and respect of BIPOC students, including anonymous reporting mechanisms
	Improve/increase course content and faculty expertise regarding relevance of culture and food to dietetics
	Include questions regarding cultural safety and inclusion in program evaluation
	Explore opportunities to include dietetics within existing bridging programs for internationally-trained healthcare professionals
	Explore opportunities to include Indigenous languages within program events, courses, programs, and/or locations
Admissions	Hold four out of twenty spots annually for Indigenous applicants who meet the MAHN admissions criteria, including one spot specifically for a First Nations Applicant and one spot specifically for an Inuk (Inuit) applicant. This is aligned with distinctions-based approaches outlined in the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). Furthermore, the number of spots reflect the proportion of the population in Manitoba who identify as Indigenous. <i>Note: The UM Office of the Vice-President (Indigenous) is leading consultations regarding community-led processes of Indigenous declaration practices that would inform any implementation of this recommendation<sup>11</sup></i>
	Collect sociodemographic data on 1) applicants and 2) those admitted to the MAHN program
	Remove the requirement for volunteer hours that has historically been included in MPP
	Implement blinded review of application materials where possible
Curriculum Content	Integrate curriculum content on advocacy skills, including patient and political advocacy

<sup>11</sup> Statement of Indigenous Identity (2021). Link: <https://news.umanitoba.ca/statement-on-indigenous-identity/>

	Explain trauma-informed care and provide opportunities for students to utilize counselling strategies and techniques
	Educate students regarding structural barriers First Nations communities face in accessing food, the historical roots of these barriers, and links to colonialism
	Educate students on how to foster positive relationships with First Nations communities, including concepts of community-centred care
	Require course content on Indigenous and Canadian histories, including traditional food systems and teachings
	Integrate concepts of reflexivity throughout the curriculum
	Include content regarding culturally diverse food patterns and preparation techniques within courses focused on food preparation, preservation, and processing
Outreach and Relationship Building	Foster a dietitian/student mentorship network for all students, including opportunities where BIPOC dietitians mentor BIPOC students
	Build long-lasting relationships between our programs and First Nations communities to provide reciprocal learning opportunities for students and communities
	Promote the dietetics profession to diverse communities, particularly at the high school level
Extracurricular Opportunities and Program Culture	Support NECO's (UM student group) vision, mission and initiatives as it relates to diversity and equity on campus
	Provide and support safe spaces on campus for BIPOC students and professionals to meet
	Incorporate time and funding towards Indigenous-led conferences or visiting speakers
	Invite speakers to present on BIPOC communities and diverse topics that are not within existing faculty expertise

## Conclusion & Future Actions

Our conversations regarding building bridges with First Nations communities, integrating Indigenous perspectives, and enhancing equity, diversity, and inclusion within the proposed Master of Applied Human Nutrition, and undergraduate nutrition education, left many attendees wondering how they can be involved in future discussions. We hope to have future opportunities to bring First Nations communities, dietetics, and UM communities together again; the virtual environment contributes to the accessibility of gatherings. Many felt they benefited from listening to the speakers and participating in the sharing circles. This report will guide the work of the UM Dietetics Committee in developing the MAHN program over the next two years as well as ongoing updates to the undergraduate curriculum. We plan to report on how we have integrated what we heard and found in our program development as it unfolds.

## Appendixes

### Appendix A - Speaker Presentation Description and Key Takeaways

Presenter	Topic	Main Lessons
<b>Sherry Copenace</b> <i>Onigaming First Nation</i>	Food and Wellness	<ul style="list-style-type: none"> <li>○ Acknowledging that food comes from the land</li> <li>○ Importance of relationship with self and others</li> <li>○ Holistic Health with the land</li> </ul>
<b>Jessica Flett &amp; Barb Thompson</b>	Stakeholder Presentation - <i>Co-Chairs, Manitoba First Nations Diabetes Leadership Committee (MFNLC)</i>	<ul style="list-style-type: none"> <li>○ MFNLC: Vision to heal from diabetes and are a collective group of voices from MB</li> <li>○ MFNLC: Works with First Nations and Inuit Health Branch (FNIHB) with diabetes issues and resources to ensure Aboriginal Diabetes Initiative workers have supports; consult with communities</li> <li>○ Any research projects must work with Health Directors and follow principals of OCAP (ownership, control, access, and possession)</li> <li>○ Dietitians are not always understanding of the context and it's important for them to be knowledgeable of the challenges clients face regarding food access</li> <li>○ First Nations have no funding for staff and RD positions; members must travel off-reserve for services</li> <li>○ Recommendations for program: 1) teach nutritional knowledge specific to traditional foods; 2) teach advocacy and advocate for resources for First Nations; 3) offer support to high schools to expose students to nutrition as a career option; 4) support leadership in establishing services.</li> <li>○ MFNLC could support inviting students to First Nations communities and opportunities to attend MFNLDC meetings to learn about their work</li> <li>○ Recommended Resources: <ul style="list-style-type: none"> <li>○ First Nation's Principles of Ownership, Control, Access, and Possession [OCAP] (<a href="https://fnigc.ca/ocap-training/">https://fnigc.ca/ocap-training/</a>)</li> <li>○ FNIHB Diabetes Issues &amp; Resources (<a href="https://www.sac-isc.gc.ca/eng/1569960595332/1569960634063">https://www.sac-isc.gc.ca/eng/1569960595332/1569960634063</a>)</li> </ul> </li> </ul>

<b>Lora Montebruno-Myco, RD</b>	Stakeholder Presentation – <i>First Nations and Inuit Health Branch (FNIHB)</i>	<ul style="list-style-type: none"> <li>○ Support self-determination and transfer management of dietetic services to communities</li> <li>○ FNIHB currently works on programs (not one-on-one counselling): Healthy Child Development, Aboriginal Diabetes Initiative, Nutrition North Canada-education component</li> </ul>
<b>Dr. Joyce Slater</b>	Stakeholder Presentation – <i>Acting Head, Department of Food &amp; Human Nutritional Sciences</i>	<ul style="list-style-type: none"> <li>○ This Gathering marks the beginning of our MAHN program planning</li> <li>○ Need to integrate teaching and values into our program</li> <li>○ Build on exemplar initiatives and listen</li> </ul>
<b>Maddy Gilfix</b>	Stakeholder Presentation – <i>Student Representative, Department of Food &amp; Human Nutritional Sciences</i>	<ul style="list-style-type: none"> <li>○ Importance of building relationships, and using knowledge to guide and include in learning</li> <li>○ Interested in having First Nation communities inform Nutrition Education Community Outreach's (NECO; student group) extracurricular activities</li> </ul>
<b>Tabitha Robin</b> <i>Fisher River Cree Nation</i>	Lessons from the language: A Cree food perspective	<ul style="list-style-type: none"> <li>○ Work is personal</li> <li>○ Importance of trothing and including truth in curriculum</li> <li>○ Recognize colonialism as trauma</li> <li>○ Know current barriers/policies and impact on Indigenous people and their experiences</li> <li>○ Indigenous people have shared stories in TRC and MMIW and 231 Calls to Justice, including 250 related to food</li> <li>○ Importance of trauma informed care by RDs</li> <li>○ Recommended Resource: National Centre for Truth and Reconciliation (TRC) Education (<a href="https://nctr.ca/education/">https://nctr.ca/education/</a>)</li> </ul>
<b>Byron Beardy</b> <i>Garden Hill First Nation</i>	The connections of land-based language in the context of food from an Indigenous lens	<ul style="list-style-type: none"> <li>○ Importance of 7 sacred teachings</li> <li>○ 6 pillars of food sovereignty: Land, language, Elders, women, spirit, celebration &amp; youth</li> <li>○ Reciprocity, respect, and patience</li> <li>○ Engage in land-based learning and knowledge</li> <li>○ Traditional food practices do not share same beliefs of westernized diets</li> </ul>
<b>Kathy Bird</b> <i>Peguis First Nation</i>	The Importance of Traditional Foods & Medicines	<ul style="list-style-type: none"> <li>○ Must have balance between traditional and biomedicine</li> <li>○ Food and medicine are absorbed into the liver and the liver can't process all the processed food</li> <li>○ Processed foods were forced into Indigenous diets through rations</li> </ul>

		<ul style="list-style-type: none"> <li>○ Must begin using ceremonies and traditional practices as prevention of diseases</li> </ul>
<b>Damien Lawrenchuk,</b> <i>Fox Lake Cree Nation</i>	Wild Nutrition	<ul style="list-style-type: none"> <li>○ Nutrition in the bush, how will we achieve health and nutrition in the periphery?</li> <li>○ Western food accessibility is very limiting</li> <li>○ Importance of seasons &amp; the different nutrients/foods offered in each.</li> <li>○ Importance of learning these teaching in communities</li> </ul>
<b>Gordon Walker</b> <i>Norway House Cree Nation</i>	Pimatisiwin “The Good Life”	<ul style="list-style-type: none"> <li>○ Food is medicine and supports health</li> <li>○ Importance of food system infrastructure and the negative impacts that a damaged infrastructure can impose on rural communities</li> <li>○ Sharing food is an important traditional food practice</li> </ul>
<b>Kayla Perry, RD</b> <b>FNHSSM</b> <i>Rolling River First Nation</i>	Working as a Registered Dietitian with First Nation Communities	<ul style="list-style-type: none"> <li>○ Never stop learning traditional practices</li> <li>○ Build relationships with communities &amp; spend time in those communities</li> <li>○ Provide client-centred care</li> <li>○ Trauma-informed care &amp; anti-racism training needs to be taught.</li> <li>○ Important to understand the history of colonization and its impact.</li> <li>○ Provide strength-based approach to nutrition &amp; health care</li> <li>○ (un)learning about how nutrition centers euro-centric values</li> <li>○ Expose students to Indigenous health systems</li> </ul>
<b>Dr. Barry Lavallee</b> <i>Keewatinohk Inniniw Minoayawin Inc.</i>	Anti-racism in Health Systems and Institutions	<ul style="list-style-type: none"> <li>○ Conscientiousization (becoming aware of privileges, biases) is important</li> <li>○ Must understand patient-centred care for Indigenous people</li> <li>○ Health care providers will encounter people with trauma, and they need to understand how they can help by Providing trauma-informed care and understanding complex trauma</li> <li>○ Harm reduction practices are important</li> <li>○ Food is always medicine</li> <li>○ Need to include cultural safety and anti-racism training in program</li> <li>○ Recommended Resources <ul style="list-style-type: none"> <li>○ Book: Memmi, A. (2003). <i>The colonizer and the colonized</i>. London: Earthscan.</li> <li>○ Book: Freire, Paulo, 1921-1997. (2000). <i>Pedagogy of the oppressed</i>. New York: Continuum.</li> </ul> </li> </ul>

## Appendix B - Building Bridges: Integrating First Nation's Perspectives & Communities into Dietetics Virtual Gathering Topic Questions

1. What does food sovereignty look like for your community?
2. What is the connection between language, territory, food, and nutrition?
3. How can dietitians integrate principles of food sovereignty into their work?
4. What concerns/needs/priorities do communities have regarding nutrition and dietetics services?
5. What are existing challenges related to providing/accessing dietetic services on-reserve?
6. What food or nutrition questions do communities have?
7. How can the UM dietetics program integrate learning with communities, with FNIHB, and with RD with Regional Health Authorities?
8. Where are opportunities for experiential learning with communities?
9. What do communities want dietitians and nutrition students to learn or know?
10. How will we know students have learned what they need to know?

## Appendix C - Virtual Discussion with Registered Dietitians who self-identify as Black, Indigenous, and People of Colour Topic Questions

1. How would you change the current dietetic program at the University of Manitoba to be more inclusive?
  - 1.1. How can we attract BIPOC students to the program?
  - 1.2. How can we support BIPOC students in the program?
  - 1.3. How will we know students have learned what they need to know?
2. What are some gaps in knowledge for dietetic students once they get into the professional field?
3. How can dietitians integrate principles of cultural competency into their work?
  - 3.1. What can the university do to help?
4. What are existing challenges related to providing/accessing dietetic services in BIPOC communities?
  - 4.1. What can be done to mitigate these barriers?
5. Are there opportunities for experiential learning with communities?
  - 5.1. How can we better promote these opportunities to students?
6. What do BIPOC communities want dietitians and nutrition students to learn or know?
  - 6.1. How would you implement this?



# Appendix D - List of “What We Found” resources sorted into their relevant subtopics

Reference	Country of Publication	Main Findings
<b>Cultural Competence in Dietetics</b>		
Knoblock-Hahn, A. L., Scharff, D. P., & Elliott, M. (2010). Cultural competence in dietetics education: Where are we now and where do we need to go? <i>Topics in Clinical Nutrition</i> . <a href="https://doi.org/10.1097/TIN.0b013e3181faba17">https://doi.org/10.1097/TIN.0b013e3181faba17</a>	United States	<ul style="list-style-type: none"> <li>- Explored dietetics curriculum for inclusion of cultural competency and assessed program directors’ (PD) beliefs about what and how it should be included.</li> <li>- The study found a discrepancy between in what dietetics PD’s thought was important to include in developing a culturally competent registered dietitian compared to what was currently provided in their curriculum.</li> <li>- Content areas related to knowledge (i.e., written research paper) were more likely to be included than those related to skills and attitudes (i.e., working with interpreters, cross-cultural communication skills and self-awareness of one’s own cultural background and self-assessment of biases)</li> <li>- Suggested activities for cultural competence training: Courses: cultural foods, cultural awareness/sensitivity, cultural competence and study abroad</li> <li>- Content: definitions of diversity and diverse populations; definitions of culture and cultural competency, cultural models/perspectives of health, disease, illness and disability; disparities in health and mental health among racial and ethnic minorities; Theoretical models for cultural competence; culturally defined values and belief systems related to mental health topics; working with interpreters</li> </ul>
McCabe, C. F., O’Brien-Combs, A., & Anderson, O. S. (2020). Cultural Competency Training and Evaluation Methods Across Dietetics Education: A Narrative Review. <i>Journal of the Academy of Nutrition and Dietetics</i> . <a href="https://doi.org/10.1016/j.jand.2020.01.014">https://doi.org/10.1016/j.jand.2020.01.014</a>	United States	<ul style="list-style-type: none"> <li>- Evaluated studies detailing cultural competency training for content, modes of delivery, and learner outcomes for students in dietetics</li> <li>- Interprofessional education, service learning and traditional modes of interventions (e.g. Workshops) were beneficial to learner’s awareness of values and beliefs of diverse communities.</li> <li>- Interventions must not be a one-time event and should be integrated longitudinally</li> <li>- Cultures such as sexual orientation, gender, mental health, disability and age should be incorporated as these are often overlooked</li> <li>- Teaching metacognition is a concept gaining momentum in higher education and could be a key component to building cultural competency throughout one’s career</li> <li>- Innovative learning strategies such as massive open online courses, learning communities among peers, simulations, and local service-learning projects</li> <li>- Need to standardize evaluations of cultural competency</li> </ul>

<p>Hack, R., Hekmat, S., &amp; Ahmadi, L. (2015). Examining the cultural competence of third- and fourth-year nutrition students: A pilot study. In <i>Canadian Journal of Dietetic Practice and Research</i>.  <a href="https://doi.org/10.3148/cjdpr-2015-018">https://doi.org/10.3148/cjdpr-2015-018</a></p>	<p>Canada</p>	<ul style="list-style-type: none"> <li>- Study examined the cultural competence of dietetic students to identify ways to enhance the curriculum</li> <li>- Multicultural knowledge scores were lowest out of 5 areas examined (skills, awareness, attitudes, desire and knowledge)</li> <li>- Students who took cultural foods course had significantly higher cultural competence and knowledge levels.</li> <li>- Students emphasized the importance of exposure to other cultures/ethnicities in enhancing their cultural competence</li> <li>- Curriculum which emphasizes patient-centred care and cultural sensitivity was appreciated by students</li> <li>- Students stated that current cultural competency curriculum content was inadequate (currently one lesson in a mandatory course)</li> <li>- Over half of the participants reported that a major barrier in understanding how to counsel patients from other cultures was the limited training provided in the curriculum</li> <li>- Taking a course, that emphasizes cultural traditions, foods, and eating practices, supports student cultural knowledge an important construct of cultural competence</li> </ul>
<p><b>Indigenous Cultural Competence in Dietetics</b></p>		
<p>Huycke, P., Ingribelli, J., &amp; Rysdale, L. (2017). Aboriginal cultural competency in dietetics: A national survey of <b>Canadian</b> registered dietitians. In <i>Canadian Journal of Dietetic Practice and Research</i>.  <a href="https://doi.org/10.3148/cjdpr-2017-009">https://doi.org/10.3148/cjdpr-2017-009</a></p>	<p>Canada</p>	<ul style="list-style-type: none"> <li>- Survey was conducted to gather RD feedback on key cultural and health competencies, proposed food and nutrition competencies, and their perceived importance of these competencies.</li> <li>- 2 key themes emerged: 1) Cultural self-efficacy and 2) Cultural competency in curriculum.</li> <li>- Respondents believed that all RDs and graduating dietetic interns should be minimally competent in indigenous health and culture. Which shows the need to address the lack of cultural self-efficacy when working with this population to develop more culturally safe practitioners.</li> <li>- Some respondents stated that what is learned during internship needs to build on what has already been learned during an undergraduate degree.</li> <li>- A mandatory course could minimize the amount of training during dietetic internships.</li> <li>- Innovative approaches could include learning circles and teachings by Elders with nutrition students.</li> <li>- Cultural self-efficacy can improve the capabilities of RDs in Indig health and culture</li> <li>- Discipline-specific education and training around cultural competence is a step toward creating more culturally safe RDs and supporting the reconciliation process.</li> </ul>

<p>Svarc, R., Davis, C., McDonald, H., Perruzza, J., Browne, J., Delbridge, R., Morgan, K., O'Reilly, S., Margerison, C., &amp; Palermo, C. (2018). Exploring the impact of aboriginal health placement experiences on the preparation of dietetic graduates for practice with aboriginal communities. <i>Nutrition and Dietetics</i>.  <a href="https://doi.org/10.1111/1747-0080.12407">https://doi.org/10.1111/1747-0080.12407</a></p>	<p>Australia</p>	<ul style="list-style-type: none"> <li>- Study explored the impact of university Aboriginal Health placement experiences on preparing dietetics graduates for practice with Aboriginal communities</li> <li>- Graduates had little exposure to Aboriginal people prior to placements</li> <li>- Significant association between participant placement and more positive attitudes towards Aboriginal people/health and increased confidence in working with Aboriginal people compared to non-placement participants</li> <li>- 4 themes emerged relating to Aboriginal Health placements which help prepare graduates for practice               <ul style="list-style-type: none"> <li>o Theme 1: Situated learning experiences (i.e. visiting, talking and listening to Aboriginal peoples).</li> <li>o Theme 2: Breaking down stereotypes</li> <li>o Theme 3: Empathy through learning from Aboriginal people</li> <li>o Theme 4: Aboriginal health role models</li> </ul> </li> <li>- Situated learning experiences may contribute to positive change in attitude and increase confidence</li> <li>- Authors note that it may not be feasible to provide the same placement experience for every graduate therefore incorporating elements into curriculum is a better option</li> </ul>
<p>Chang, E. S., Simon, M., &amp; Dong, X. Q. (2012). Integrating cultural humility into health care professional education and training. <i>Advances in Health Sciences Education</i>.  <a href="https://doi.org/10.1007/s10459-010-9264-1">https://doi.org/10.1007/s10459-010-9264-1</a></p>	<p>United states</p>	<ul style="list-style-type: none"> <li>- Literature has shown the importance of cultural humility for healthcare professionals which includes these elements: Self-reflection and self-critique, learn from patients, partnership building, a life long process</li> <li>- Chinese QIAN (humbleness) curriculum: the importance of self-Questioning and critique, bi-directional cultural Immersion, mutually Active-listening, and the flexibility of Negotiation</li> <li>- QIAN curriculum can be used as a pathway to cultural humility</li> <li>- QIAN could provide a clarity to health care professionals on clinical encounters to meet the diverse needs of patients and their families.</li> <li>- - QIAN is adaptable to all cultural and ethnic groups. It enhances patient oriented communication skills</li> <li>- The goal of QIAN model is the transformation of culturally sensitive healthcare in a globalized world</li> </ul>
<p><b>Indigenous Cultural Competence in Health Care</b></p>		
<p>Isaacs, A. N., Raymond, A., Jacob, E., Jones, J., McGrail, M., &amp; Drysdale, M. (2016). Cultural desire need not improve with cultural knowledge: A cross-sectional study of student</p>	<p>Australia</p>	<ul style="list-style-type: none"> <li>- Cultural desire is the desire that motivates the professional to seek the knowledge and skills to practice in a culturally competent manner.</li> <li>- This study surveyed nursing students to determine if a one semester of a Aboriginal health and wellbeing (AHW) unit influenced the cultural desire of nursing students towards caring for Aboriginal people.</li> </ul>

nurses. <i>Nurse Education in Practice</i> . <a href="https://doi.org/10.1016/j.nepr.2016.05.009">https://doi.org/10.1016/j.nepr.2016.05.009</a>		<ul style="list-style-type: none"> <li>- Completing the AHW unit had no influence on student's cultural desire. The authors stated 2 possible reasons for this: 1) unit might not have been taught effectively, and 2) desire to be culturally sensitive might take time and was measured too soon</li> <li>- Students' interest in Aboriginal health and their cultural desire significantly decreased after completing the unit</li> <li>- Childhood experiences or cultural exposures were not associated with current interest in Aboriginal Health</li> <li>- Students act differently in presence of Aboriginal staff for example some feel comfortable while others "switch off" and do not engage.</li> </ul>
Woolley, T., Sivamalai, S., Ross, S., Duffy, G., & Miller, A. (2013). Indigenous perspectives on the desired attributes of medical graduates practising in remote communities: A Northwest Queensland pilot study. <i>Australian Journal of Rural Health</i> . <a href="https://doi.org/10.1111/ajr.12018">https://doi.org/10.1111/ajr.12018</a>	Australia	<ul style="list-style-type: none"> <li>- Indigenous professionals, elders and community members were asked what desired personal attributes they believe graduate doctors should have when practicing in remote communities.</li> <li>- 8 main subtopics emerged: ability to provide good patient care; ability to engage in culturally appropriate communication; good medical knowledge; culturally appropriate knowledge; knowing the local health system; a positive personality; a positive attitude to working with Indigenous people; and a desire to engage with and advocate for the Indigenous community</li> <li>- Study suggests Indigenous communities want 'competent and confident' graduate doctors with positive attitudes who are willing to address local health inequities and advocate for change</li> <li>- Important attributes for communication with indigenous people include: Have patience, show tolerance and understanding, check back with us by paraphrasing, genuinely want to work with Indigenous people, have a can do attitude, be sympathetic and caring and encourage trust</li> <li>- Important attributes for professionalism: be prepared to help changes local policies affecting Indigenous peoples and be willing to fight for a patient's right</li> <li>- Other important attributes include: know racism exists, know the different cultural groups in the community, be respectful of the land, respect elders' knowledge and experience</li> <li>- These findings provide practical guidance for medical educators in preparing students – and graduates – for practice in Indigenous communities.</li> <li>- These elements should be included in their Indigenous health curricula</li> </ul>

<p>Delbridge, R., Wilson, A., &amp; Palermo, C. (2018). Measuring the impact of a community of practice in Aboriginal health. <i>Studies in Continuing Education</i>.  <a href="https://doi.org/10.1080/0158037X.2017.1360268">https://doi.org/10.1080/0158037X.2017.1360268</a></p>	<p>Australia</p>	<ul style="list-style-type: none"> <li>- Study measured the impact of participating in a Community of Practice for dietitians working in Aboriginal Health on their self assessed cultural competency and changes to practice.</li> <li>- Community practice increased self reported competence in areas such as impact Aboriginal history, culture, and utilisation of resources on service delivery, communication strategies, effective relationships and conflict resolution</li> <li>- Community practice provided participants confidence to embark on new or challenging work</li> <li>- Most significant change was perceived increase in confidence (professional and personal) working in Aboriginal Health and nutrition</li> <li>- Study highlighted the value of self-assessment of competence to identify learning needs</li> <li>- A formalised and structured community of practice is an effective professional development strategy and may impact dietitians working in direct care and population based preventative health or policy roles</li> <li>- Future research might benefit by reconciling self assessment of cultural competence with patients/clients</li> </ul>
<p>Lewis, M., &amp; Prunuske, A. (2017). The Development of an Indigenous Health Curriculum for Medical Students. <i>Academic Medicine</i>.  <a href="https://doi.org/10.1097/ACM.00000000000001482">https://doi.org/10.1097/ACM.00000000000001482</a></p>	<p>United States</p>	<ul style="list-style-type: none"> <li>- Engaged with stakeholders using collaborative and decolonizing methods to gather ideas and identify content for an indigenous health curriculum for 1<sup>st</sup> year medical school</li> <li>- The top scoring core content that respondents thought should be added were: cultural humility/cultural safety, general indigenous culture/ways of being social/political/economic determinants of health and successful tribal health interventions</li> <li>- Lowest scoring: sovereignty/politics, Indigenous health service/health policy, history of Indigenous people and oppression/privilege/social justice.</li> <li>- Two themes emerged: 1) collaborative spirit and action: a call to work collaboratively with Indigenous communities, other universities, interdisciplinary health professionals and interdisciplinary departments that work with Indigenous people and 2) Holistic training of medical students</li> <li>- Preliminary outcomes include an addition of a 7-hour block of Indigenous lectures for 1<sup>st</sup> year medical students taught by Indigenous faculty from various departments.</li> <li>- Results suggest that the following steps are needed going forward: 1) interdisciplinary collaboration, 2) two way sharing of knowledge with Indigenous community and 3) experiential learning</li> </ul>

<p>Federation of Saskatchewan Nations (n.d.). Cultural responsiveness framework. <a href="https://allnationshope.ca/userdata/files/187/CRF%20-%20Final%20Copy.pdf">https://allnationshope.ca/userdata/files/187/CRF%20-%20Final%20Copy.pdf</a></p>	<p>Canada</p>	<ul style="list-style-type: none"> <li>- Persistent message in research indicates that culture competency is critical to both remedy and understand the health disparities that First Nations communities face.</li> <li>- Comprehensive review and introduction of a culturally responsive framework (CRF) for health care practices (including educational implications).</li> <li>- Described strategic directions, objectives, and actions to implement CRF into curriculum or policies in workplace: <ul style="list-style-type: none"> <li>o Strategic Direction 1: Restoring First Nations community-based health and wellness systems</li> <li>o Strategic Direction 2: Establishing a “middle ground” for engagement between mainstream and First Nations systems and worldviews</li> <li>o Strategic Direction 3: Transforming mainstream health service delivery to be culturally responsive</li> </ul> </li> <li>- Overarching goal to enhance cultural responsiveness in healthcare settings to better serve First Nation communities. <ul style="list-style-type: none"> <li>o Achieves this through education, relationship building, and harmonizing western and traditional health systems.</li> </ul> </li> </ul>
<p><b>Rural and Remote work</b></p>		
<p>Trickett-Shockey, A. K., Wilson, C. S., Lander, L. R., Barretto, G. A., Szklarz, G. D., VanVoorhis, G. C., &amp; Minardi, J. J. (2013). A study of rural upbringing and education on the intent of health professional students to work in rural settings. <i>International Journal of Medical Education</i>, 4, 18–25. <a href="https://doi.org/10.5116/ijme.50f1.48cf">https://doi.org/10.5116/ijme.50f1.48cf</a></p>	<p>United States</p>	<ul style="list-style-type: none"> <li>- Examined factors (i.e. rural upbringing and rural training) which influence an health professional student’s decision to practice in a rural setting</li> <li>- Only 4% intended to practice in communities with population less than 2500. These respondents were all female and &lt;26 years</li> <li>- Majority did not intend to practice in communities smaller than 50,000</li> <li>- Those who intended on practicing in rural area attended high school in rural area</li> <li>- Those who completed a rural rotation were more likely to be unsure of their intended practice site than those who did not complete a rural rotation</li> <li>- Participants acknowledged the importance of rural training and felt their training had positive impact on professional development</li> <li>- Results suggest rural upbringing only small factor on intent to practice in rural areas and most do not intend to practice in a rural location</li> <li>- More research is needed to determine incentives, advantages, disadvantage and deterrents to rural healthcare practice.</li> </ul>
<p>Holst, J. (2020). Increasing Rural Recruitment and Retention through Rural Exposure during Undergraduate Training: An Integrative</p>	<p>Germany</p>	<ul style="list-style-type: none"> <li>- Reviewed literature on measureable effects of rural placements and internships during medical training on the number of graduates in rural practice</li> <li>- Longer and more intensive rural placements contributed to a moderate to significant increase in the number of graduates working in rural practice</li> </ul>

<p>Review. <i>International Journal of Environmental Research and Public Health</i>, 17(17), 6423–. <a href="https://doi.org/10.3390/ijerph17176423">https://doi.org/10.3390/ijerph17176423</a></p>		<ul style="list-style-type: none"> <li>- Training that takes place in rural or remote school had the strongest effect</li> <li>- The most promising strategy for promoting employment in rural practice for graduates is targeted selection of students of rural origin who are more likely to end up working in rural areas</li> <li>- Inclusion or possibly mandatory rural exposure (i.e., outside of urban hospitals and practices) in the curricula can contribute to an increase on graduates in rural areas</li> <li>- Along with the control of supply and demand, financial incentives and other measures, undergraduate medical education can play a considerable role in the recruitment and later retention of rural graduates</li> </ul>
<p>Thackrah, R. D., Hall, M., Fitzgerald, K., &amp; Thompson, S. C. (2017). Up close and real: living and learning in a remote community builds students' cultural capabilities and understanding of health disparities. <i>International Journal for Equity in Health</i>, 16(1), 119–119. <a href="https://doi.org/10.1186/s12939-017-0615-x">https://doi.org/10.1186/s12939-017-0615-x</a></p>	Australia	<ul style="list-style-type: none"> <li>- This study is the first stage of a proposed longitudinal study that focuses on student experiences and learnings and the impact of remote placements on clinical practice and future employment choices</li> <li>- All students had previously learned about Aboriginal health but emphasized importance of additional content such as workshop by local Aboriginal mentor</li> <li>- 3 themes emerged:</li> <li>- 1) The socio-cultural and geographic authenticity associated with the experience. Students gained insight into the lived experience of community members in isolated community with substantial aboriginal population.</li> <li>- 2) The importance of community connections established. In this study making community connections was pivotal to the success of the placement; the cultural mentor played an important role</li> <li>- 3) Application of learnings to clinical practice. Interprofessional learning opportunities provided students with novel ways to combine their skills and deepen their understanding of various professional roles</li> <li>-</li> </ul>
<p>Strasser, R., Hogenbirk, J. C., Minore, B., Marsh, D. C., Berry, S., McCreedy, W. G., &amp; Graves, L. (2013). Transforming health professional education through social accountability: Canada's Northern Ontario School of Medicine. <i>Medical Teacher</i>, 35(6), 490–496. <a href="https://doi.org/10.3109/0142159X.2013.774334">https://doi.org/10.3109/0142159X.2013.774334</a></p>	Canada	<ul style="list-style-type: none"> <li>- Article showed initial outcomes for graduates of Northern Ontario School of Medicine (NOSM), Dietetic internship and physician assistant programs, as well as the socioeconomic impact of the school.</li> <li>- NOSM selection and admission processes have been successful in recruiting learners from rural and remote areas and who have Indigenous or Francophone backgrounds.</li> <li>- Education programs include strong emphasis on cultural competence as well as social and population health</li> <li>- Graduates have achieved above average scores in national examinations</li> <li>- Curriculum programs are competency-based including cultural competency, promote interprofessionalism, and integration, exploit the power of online learning and draw on</li> </ul>

		<p>global experience to enhance local learning, encourage socially accountable professionalism, and strengthen education resources through partnerships with local communities</p> <ul style="list-style-type: none"> <li>- NOSM is a member of Training for Health Equity network (THEnet) group developed, piloted and published “Evaluation Framework for Socially Accountable Health Professional Education”, which has provided core content</li> </ul>
<p>MacQueen, I. T., Maggard-Gibbons, M., Capra, G., Raaen, L., Ulloa, J. G., Shekelle, P.G., Miake-Lye, I., Beroes, J.M. and Hempel, S. (2018). Recruiting rural healthcare providers today: a systematic review of training program success and determinants of geographic choices. <i>Journal of general internal medicine</i>, 33(2), 191-199.</p>	United States	<ul style="list-style-type: none"> <li>- Literature review assessed the evidence for geographic practice choice and effects of training programs on healthcare providers practicing in rural healthcare settings in the US</li> <li>- Growing up in rural area is strongest predictor and is consistently associated with practicing in a rural location</li> <li>- Exposing students to rural practice during their training is a promising approach for increasing rural recruitment. However, success rate of studies was 44%.</li> <li>- A framework for focusing health workforce development at all levels of the education system and aligning academic, public and private health workforces is critical.</li> </ul>
<p>Smith, T., Cross, M., Waller, S., Chambers, H., Farthing, A., Barraclough, F., Pit, S. W., Sutton, K., Muyambi, K., King, S., &amp; Anderson, J. (2018). Ruralization of students’ horizons: insights into Australian health professional students’ rural and remote placements. <i>Journal of Multidisciplinary Healthcare</i>, 11, 85–97. <a href="https://doi.org/10.2147/JMDH.S150623">https://doi.org/10.2147/JMDH.S150623</a></p>	Australia	<ul style="list-style-type: none"> <li>- Study aimed to explore the lived experiences of medical, nursing and allied health students undertaking rural and remote placements and the effect on their postgraduate practice intentions</li> <li>- The main concept was “ruralization of student’s horizons”</li> <li>- Ruralization consisted of 3 interrelated themes.</li> <li>- Theme 1) Preparation and support; Subthemes: placement and orientation, accommodation, financial support and educational resources</li> <li>- Theme 2) Rural or remote health experience; Subthemes: Patient presentations and access, practice education and supervision, teamwork and collaboration</li> <li>- Theme 3) Lifestyle and socialization; Subtheme: social interaction, indigenous health and culture, community engagement</li> <li>- Examples of positive practice experiences that impacted student’s intention to do a rural practice were interactions with support staff and the community</li> <li>- Factors that negatively impacted student’s placement experience and rural practice intention were accommodation, internet access, transport and financial support</li> <li>- Preparation and support have strong influence on ruralisation process. If expectations not met at the preparation stage, the likelihood being ruralized is compromised</li> </ul>
<p>Kwan, M. M. S., Kondalsamy-Chennakesavan, S., Ranmuthugala, G., Toombs, M. R., &amp; Nicholson, G.</p>	Australia	<ul style="list-style-type: none"> <li>- Study looked at predictors of longer-term rural practice (LTRP) for general practitioners and specialists.</li> </ul>



<p>C. (2017). The rural pipeline to longer-term rural practice: General practitioners and specialists. <i>PloS One</i>, 12(7), e0180394–e0180394. <a href="https://doi.org/10.1371/journal.pone.0180394">https://doi.org/10.1371/journal.pone.0180394</a></p>		<ul style="list-style-type: none"> <li>- Rural background and 1 or 2 years' Rural clinical schools (RCS) attendance are strong predictors of LTRP</li> <li>- Rural background or rural undergraduate clinical training individually increase probability of rural practice but a combination of both provides a 'rural pipeline' (commonly used to describe health recruitment activity)</li> <li>- Having a bonded rural scholarship is positively associated with probability of LTRP</li> <li>- Among GP's with a metropolitan background, those who attended RCS for one year do not have an increased probability of LTRP compared to those who do not attend RCS.</li> <li>- RCS position should be preferentially offered to students with rural background however such schemes create equality issues.</li> <li>- Reducing incentives for students planning to return to metropolitan areas or do internships at metropolitan hospitals and by allowing completion of training in rural area may be helpful.</li> </ul>
<b>Indigenous Student Recruitment</b>		
<p>Taylor, E. V., Lalovic, A., &amp; Thompson, S. C. (2019). Beyond enrolments: a systematic review exploring the factors affecting the retention of Aboriginal and Torres Strait Islander health students in the tertiary education system. <i>International Journal for Equity in Health</i>, 18(1), 136–136. <a href="https://doi.org/10.1186/s12939-019-1038-7">https://doi.org/10.1186/s12939-019-1038-7</a></p>	<p>Australia</p>	<ul style="list-style-type: none"> <li>- Systematic Literature Review with the focus on 1) identifying factors affecting retention of Indigenous Students in Post-Secondary Institutions from a student perspective and 2) Identify strategies used by health faculties who are effective at supporting these students.</li> <li>- Main factors affecting retention of students were found to be family and peer support; competing obligations (difficulties meeting family and community commitments, stress caused by family crises or illness, and difficulties balancing study, work and family); academic preparation and prior educational experiences; access to the Indigenous Student Support Centre; financial hardship; and racism and discrimination.</li> <li>- Literature supports the incorporation of these five principles to be used by schools and faculties to inform the development of support strategies and programs for retention of Indigenous students:             <ol style="list-style-type: none"> <li>1. Ensure cultural, academic, social, and economic support during the entirety of student life (recruitment through to post - graduation).</li> <li>2. Provide opportunities for students to meet and connect with fellow Indigenous students throughout their studies (via formal mentor programs, student networks or social gatherings).</li> <li>3. Ensure flexibility in delivery.</li> <li>4. Engage with local Indigenous community and health services for input.</li> <li>5. Evaluate and assess (publish if possible) so a body of "best practice" evidence can be established.</li> <li>6. Adopt and communicate policies, guidelines and actions that address racism.</li> </ol> </li> </ul>

		<ul style="list-style-type: none"> <li>- Government plays a big role in financial incentives and support for Indigenous Students.</li> </ul>
<p>Milne, T., Creedy, D. K., &amp; West, R. (2016). Integrated systematic review on educational strategies that promote academic success and resilience in undergraduate indigenous students. <i>Nurse education today</i>, 36, 387-394.</p>	Australia	<ul style="list-style-type: none"> <li>- Educational strategies that support Indigenous student success in undergraduate programs.</li> <li>- Reframed Standpoint Theory Framework utilized instead of common structured frameworks (PRISMA or CASP) to include components of feminism, Indigenous, and cultural standpoint theories.</li> <li>- Multifaceted, multi-layered approach was found to be crucial for Indigenous students' success. Within that, components of the Reframed Standpoint Theory (cultural, academic, and financial support) as well as relevant principles of respect, relationships, and responsibility.</li> <li>- Commitment to a conscious and deliberate approach of incorporating Indigenous knowledge and cultures into curricula, and professional development for staff in cultural safety should also be incorporated to ensure the success and resilience of Indigenous Students in post-secondary institutions</li> </ul>
<p>Curtis, E., Wikaire, E., Stokes, K., &amp; Reid, P. (2012). Addressing indigenous health workforce inequities: a literature review exploring “best” practice for recruitment into tertiary health programmes. <i>International Journal for Equity in Health</i>, 11(1), 13–13. <a href="https://doi.org/10.1186/1475-9276-11-13">https://doi.org/10.1186/1475-9276-11-13</a></p>	New Zealand	<ul style="list-style-type: none"> <li>- Literature review aimed at identifying “best practices” for recruitment of Indigenous secondary education students into tertiary (post-secondary in Canada) education and later into health careers.</li> <li>- Studies analyzing the pipeline model (commonly used to discuss health recruitment activity) were used to determine specific areas throughout the education “pipeline” where improvements could be made to recruiting Indigenous secondary (high school) students.</li> <li>- Six broad principles arose from the review:             <ol style="list-style-type: none"> <li>1. Focus on Indigenous worldviews that consider Indigenous rights, values, priorities, and processes.</li> <li>2. Demonstrate Institutional commitment to achieving Indigenous health workforce equity.</li> <li>3. Identify barriers to Indigenous health workforce development and use these to frame recruitment initiatives.</li> <li>4. Conceptualize Indigenous recruitment activity within an integrated pipeline model that operates across all education sectors</li> <li>5. Increase engagement with parents, families, and Indigenous communities</li> <li>6. Incorporate high quality data collection, analysis, and evaluation of recruitment activities within programs</li> </ol> <p>Applying these six basic principles into educational recruitment initiatives can play a key role in overcoming health inequalities for Indigenous peoples.</p> </li> </ul>

