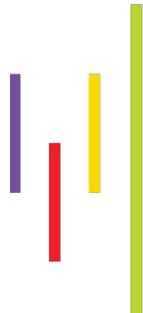


**Commission
on Dietetic
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**CDR
CPEU** **Prior Approval
Program**

**Equity in Continuing Professional Education Planning,
Development, and Presentation**

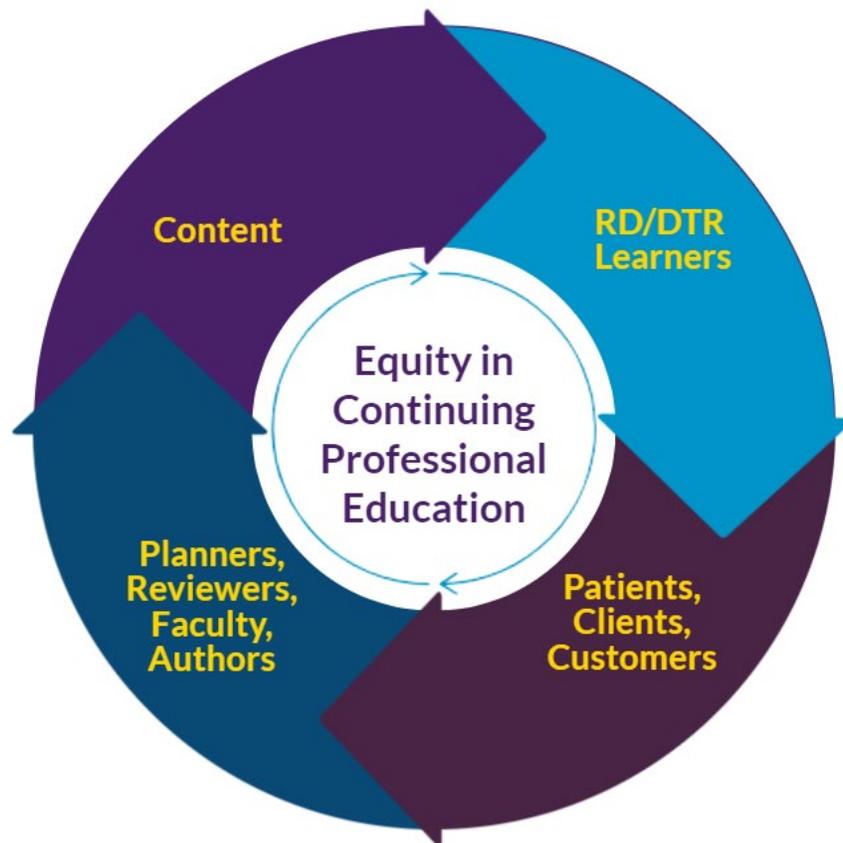
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1.0 Statement of purpose

This guide was developed in accordance with the Commission on Dietetic Registration’s Mission, Vision, and Values¹ to help Continuing Professional Education (CPE) Providers develop and offer CPE activities that enable those who influence, control, contribute to, present, or participate in CPE content to examine explicit (conscious) and implicit (unconscious) biases, assumptions, privileges, and language.

2.0 Figure 1: Equity in CPE



3.0 Equity in CPE Explained

3.1 Planners, Reviewers, Faculty, Authors

Intentional efforts are made to ensure that individuals with different identities, characteristics, and backgrounds are valued and recognized for their participation and engagement in content development and delivery.

CPE development and delivery benefits from the strength of a group’s collective experiences, beliefs, values, skills, and perspectives. Content is positively impacted and informed by differences in demographic backgrounds, identities (innate and selected), race, religion, color, gender, national origin, disability, sexual orientation, age, size, education, geographic origin, and skill characteristics.

All voices in CPE development and delivery as well as the groups those voices represent are considered impartially.

CPE providers detect and eliminate discriminatory or exclusionary practices in CPE development and delivery to allow the opportunity for participation in the process by all who have the appropriate academic training, certification, and/or demonstrated expertise in the relevant subject area.

3.2 Content

Intentional efforts are made to ensure that individuals and groups with different identities, characteristics, and backgrounds are valued and recognized based on conscious efforts to develop CPE that incorporates broad representation in content. Content should be based on research conducted with anti-bias practices.

Differences among groups represented in CPE such as race, religion, color, gender, national origin, disability, sexual orientation, age, size, education, geographic origin, and skill characteristics are present. Demographic backgrounds, identities (innate and selected), experiences beliefs, values, skills, and perspectives are conscious considerations.

Social responsibility for local, regional, national, and global nutrition and well-being necessities fair and objective² representation of groups and populations in CPE while addressing specific needs, diets, beliefs, cultural norms, etc.

CPE activities may be offered which focus on system-wide impacts across food, well-being, and health care sectors.³ Topics may include:

- Global impact in eliminating all forms of malnutrition³
- Sustainability³
- Equitable access to food, nutrition, and other lifestyle-related services and programs
- Social determinants of health³
- Health disparities³
- Equitable access to safe and nutritious food and water³
- Advocacy for legislative and regulatory food, nutrition, and health-equity policies³
- Cultural Competence²

3.3 RD/DTR Learners

Intentional efforts are made to ensure that learners with different identities, characteristics, and backgrounds are made to feel a part of and can participate in all aspects of the learning activity (engagement, assessment, and CPE evaluation).

CPE providers consider differences among learners/ target audience with respect to race, religion, color, gender, national origin, disability, sexual orientation, age, size, education, geographic origin, and skill characteristics, among others. Differing demographic backgrounds, identities (innate and selected), experiences, beliefs, values, skills, and perspectives are welcomed and respected in educational settings.

CPE opportunities include objectives and anticipated outcomes tailored to CDR credentialed practitioners at all levels of practice (competent, proficient, and expert).⁴ CPE is developed and presented to account for preexisting differences in knowledge, skill, judgement, and attitude. Considerations are made for differences in social, economic, demographic, and geographic stratification.

CPE is attainable to all learners regardless of ability or experience.

3.4 Patients, Clients, Customers

Nutrition and dietetics services are respectfully and mindfully provided to patients, clients, and customers, comprising groups and populations with unique identities, characteristics, and backgrounds.

Differing experiences, beliefs, values, skills, and perspectives as well as demographic backgrounds and identities (innate and selected) are welcomed and respected. Practice is positively impacted and informed by differences in race, religion, color, gender, national origin, disability, sexual orientation, age, size, education, geographic origin, and skill characteristics, among others.

Social responsibility for local, regional, national, and global nutrition and well-being requires nutrition and dietetics practitioners to be able to provide fair and equitable treatment in the promotion of optimal health for all including those marginalized and/or stratified by social, economic, demographic, geographic, or other determinants.

Practitioners build awareness of and advocate for local, state, and national policies and programs which:

- Reduce and eliminate nutrition and health disparities
- Increase nutrition security throughout the lifecycle
- Maximize food and nutrition services delivery and payment systems across clinical and community settings
- Foster food system sustainability and leverage innovations in food loss and waste reduction³

4.0 Provider Questions and Content Checklist

CPE planners, reviewers, faculty, and authors should reflect on the questions below and reference the associated checklist.⁵

1. How has equity been applied to CPE content?
2. How does/ will the learning environment promote equity?

3. Who is most impacted by this topic (CDR credentialed practitioners or patients/ clients/ customers)? How does this content represent CDR’s diverse population of credentialed practitioners or patients/ clients/ customers (consider race/ethnicity, gender, sexual orientation, age, etc.)? What are the well-documented disparities associated with the topic that should be addressed? Why do these inequities occur (i.e., structural factors and history), and are those factors distinguished from biological differences?
4. What barriers do people experience when seeking equitable care or treatment (for example, socioeconomic status (SES)/lack of insurance and affordability of medications)? What needs are not being met? Have considerations been made about how racism, sexism, etc. affect care?
5. Were stereotypes or generalizations that would affect the care of patients/ client/ customers omitted from content? Were explicit and implicit biases avoided in the discussion of patient/ client/ customer cases?
6. When including patient/ client/ customer examples were attempts made to represent a diverse population of individuals affected by the disease or condition (for example, demographic backgrounds, identities [innate and selected], race, religion, color, gender, national origin, disability, sexual orientation, age, size, education, geographic origin, and skill characteristics)? How will learning be affected if various voices and experiences are not represented in the content?⁵

4.1 Content Checklist

It is unlikely that all the common identities or social issues listed will be discussed in content. However, when any of these identities are discussed, review content using this checklist to verify the appropriate use of vocabulary and language. Suggestions for avoiding common mistakes/oversights are also included. Using appropriate language is only the first step toward incorporating equity in CPE.⁵

	Activity Type	Handouts and Materials	Engagement	Assessment	Linked Resources	Other
1. Mindfulness and Respect						
A. Patient/ client/ customer experiences are treated uniquely						
2. Ability and Disability						
A. Content includes fair and inclusive representation of a variety of individuals affected by specific conditions or illnesses						
B. Appropriate, inclusive, and non-derogatory language is used						
3. Sexual Orientation and Gender						
A. Content includes fair and inclusive						

representation of various sexual and gender identities are used within content						
B. Pathological features of disease in both sexes are described						
C. Gendered language is avoided						
D. Associated terminology is used appropriately						
E. Content is mindful of possible biases and microaggressions						
4. Race and Ethnicity						
A. Content includes fair and inclusive representation of a variety of individuals affected by specific conditions or illnesses						
B. Health disparities that exist across racial groups are discussed from a systems perspective						
C. Genetic differences are described by geographic ancestry						
D. Intersectionality in clinical scenarios is highlighted						
E. Associated terminology is used appropriately						
F. Content is mindful of possible biases and microaggressions						
5. Socioeconomic Status (SES)						
A. Individuals with differing SES are represented in a fair and responsible manner						
B. Appropriate language is used						

5.0 Content Checklist Explained

1. Mindfulness and Respect

A. Patient/ client/ customer experiences are treated uniquely

- Do not generalize patient/ client/ customer experiences, beliefs, values, preferences, etc. to an entire group of people.⁵

2. Ability and Disability

A. Content includes fair and inclusive representation of a variety of individuals affected by specific conditions or illnesses

- Acknowledge the uniqueness and complexities of disability identities. Although health disparities exist when comparing people with disabilities versus those without, having a disability does not necessarily decrease quality of life or happiness.⁵

B. Appropriate, inclusive, and non-derogatory language is used

- Use identity-first and person-first language, unless otherwise specified by a patient/ client/ customer.⁵
 - (Person-first: “person with a disability instead of “special needs”)⁶
 - (Identity-first: “disabled person” instead of “special needs”)⁶
- Use “typical” instead of “normal” to describe bodily forms, development, or psychological condition.⁵
- Use “intellectual disability” instead of “mental retardation”.⁵
- Use “accessible” instead of “handicapped” (for example, “accessible parking space” instead of “handicapped parking space”).⁵
- Avoid terms or phrases such as “crazy,” “defective,” “victim of,” “suffering from,” “afflicted with,” etc.⁵

3. Sexual Orientation and Gender

A. Content includes fair and inclusive representation of various sexual and gender identities are used within content

- Include identities outside of gay and straight such as bisexual, pansexual, or asexual in clinical and other scenarios.
- Include gender identities beyond cisgender or transgender, such as gender neutral, non-binary, or gender fluid.
- Recognize that sexual and gender identities can be complex and dynamic.⁵

B. Pathological features of disease in both sexes are described

- Represent signs and symptoms of diseases in both sexes.⁵

C. Gendered language is avoided

- Avoid assigning genders to general terms or descriptions of patients, clients, and customers.
- Replace terms with gendered connotations (for example, “mailman”) with gender neutral terms (for example, “mailperson”).
- Use sex-based language (male and female) only when referring to anatomy, physiology, or genetics.⁵

- D. *Associated terminology is used appropriately*
- Use transgender as an adjective, not a noun.
 - Use “gender affirming care/surgery” or “gender transition” instead of “sex change”.
 - Use “heterosexual,” “gay,” “bisexual,” “pansexual,” “queer,” and “asexual”.
 - Do not use “homosexual”.
 - Do not use “normal” to describe heterosexual or cis individuals.
 - Do not use “transgendered,” “tranny,” or “transvestite”.
 - Do not describe sexual orientation or sexuality as a preference or lifestyle choice.⁵
- E. *Content is mindful of possible biases and microaggressions*
- Avoid stereotypes of gender roles.⁵

4. Race and Ethnicity

- A. *Content includes fair and inclusive representation of a variety of individuals affected by specific conditions or illnesses*
- Include people of various races, ethnicities, or ancestral backgrounds in content.⁵
- B. *Health disparities that exist across racial groups are discussed from a systems perspective*
- Do not attribute health disparities to race alone. Many disparities are due to society’s construction of race and systems of oppression that affect opportunity, socioeconomic status, environment, and access to resources including healthcare.⁵
- C. *Genetic differences are described by geographic ancestry*
- Describe genetic differences by geographic origin, not by race (for example, use “Sickle cell disease is more common in people with ancestors from Africa, India, the Middle East, and the Mediterranean,” instead of “Sickle cell disease is more common in black people.”)⁵
- D. *Intersectionality in clinical scenarios is highlighted*
- Highlight intersectionality, which is the concept that everyone has multiple identities (for example: ability status, sexual orientation, gender, racial identity) and that the combination of identities impacts their perspectives on the world and the ways society treats them.⁵
- E. *Associated terminology is used appropriately*
- Whenever possible, use racial and ethnic terms specified by patients/ clients/ customers.^{5,7}
 - Center the person, not a description of the person (for example, use “Black people” or “people who are Black” instead of “Blacks”).⁵
 - Use “African American” when appropriate, but not as an umbrella term.⁷
 - Use “Asian” when appropriate, but not synonymously with “Asian Americans” or “Asian Canadians”.⁷
 - Use “Native American,” or “Indigenous Peoples,” when referring to indigenous people in North America instead of “Indian,” which refers to people from India. When referring to indigenous people collectively, use “people” or “nation” instead of “tribe”.⁷
 - Do not use the word “minority” to describe an individual; use “minority” as a collective term only.⁵

F. *Content is mindful of possible biases and microaggressions*

- Acknowledge the experience of racism and its impact on health disparities.⁵
- Acknowledge bias and discuss ways of managing it.⁵
- Avoid stereotypes in general and of those who present with certain diseases.⁵
- Avoid color blindness (for example, “When I look at you, I don’t see color”), denial of individual racism (for example, “I’m not a racist, I have several black friends”), and alienation (for example, “Where are you from? You speak good English.”)⁸

5. Socioeconomic Status (SES)

A. *Individuals with differing SES are represented in a fair and responsible manner*

- Acknowledge needs of people with differing SES, which is a measurement of an individual’s education, income, and occupation, in terms of access to healthcare and other resources.
- Do not blame individuals for poverty. Do not equate certain populations with poverty. Many people experience poverty for different reasons, many of which are systemic in nature.
- Include sufficient context and background when discussing causes of poverty to avoid stereotypes and generalizations.
- Acknowledge the relationship between discrimination and oppression to socioeconomic status.⁵

B. *Appropriate language is used*

- Do not label patients/ clients/ customers as “non-compliant”. Consider access to care and resources.
- Use “under-resourced” instead of terms like “poverty-ridden,” “poverty-stricken,” “disadvantaged,” or “impoverished”.⁶

6.0 Additional Resources

[Academy of Nutrition and Dietetics and the Commission on Dietetic Registration Code of Ethics for the Nutrition and Dietetics Profession](#)

[Academy of Nutrition and Dietetics IDEA Hub](#)

[Academy of Nutrition and Dietetics IDEA Term Definitions](#)

[Accreditation Council for Continuing Medical Education Diversity, Equity, and Inclusion Resources](#)

[American Psychological Association Inclusive Language Guidelines](#)

[Association of American Medical Colleges Diversity, Equity, and Inclusion Competencies Across the Learning Continuum](#)

[Commission on Dietetic Registration Definition of Terms List](#)

[Commission on Dietetic Registration Practice Tips: Cultural Competence Resources](#)

[Harvard Project Implicit Personal Bias Assessment](#)

[Journal of the Academy of Nutrition and Dietetics 2022; AND Update to Scientific Decision Making](#)

[National Board for Certification in Occupational Therapy JEDI Reflection Points](#)

[University of Wisconsin-Madison Diversity, Equity, and Inclusion Toolkit For Accredited Continuing Education](#)

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