



# EDI Assessment and Strategy

June 2023











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### **ABOUT HRx**

HRx works across sectors and has partnered with clients across North America, including some of Canada's largest employers. A sample of recent clients include:



### **PROJECT BACKGROUND & TIMELINE**







October 2021 Project Launch **October 2021 - April 2022** Data Collection & Analysis April 2022 Assessment Results Delivered



August 2022 Final Report May 2023 Action Plan

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# **METHODOLOGY**

Our methodology is built on research, focused on impact and guided by our practical experience. The Equity, Diversity and Inclusion Assessment included the following:

01 Analysis of Organizational Data, Policies, Communications + Programs	02 Consultations	03 Facilitated Discussions with Leadership Team	04 EDI Insights Survey
<ul> <li>Governance policies</li> <li>Internal structures</li> <li>Annual reports</li> <li>2020 vision, and more</li> </ul>	<ul> <li>23 individual interviews</li> <li>10 focus groups</li> <li>75 total participants</li> </ul>	<ul> <li>Board &amp; leadership team</li> <li>December and June 2022</li> </ul>	<ul> <li>Sent to all 4,800+ DC members</li> <li>Feb. 22 - Mar. 15, 2022</li> <li>15% response rate (745 responses)</li> <li>85% completion rate</li> <li>Statistically valid data with an estimated margin of error ±1.55%</li> <li>Representation across regions</li> </ul>

### **KEY INSIGHTS**

From the interviews, focus groups and EDI Insights Survey, these key insights emerged: **01** DC's membership is representative of the Canadian population in some diversity dimensions but lacks representation in others.

**02** There is a perception that the profession lacks racial diversity, but data shows otherwise.

**03** Diversity in the profession is increasing in younger generations.

**04** Overall, the organization scored a low inclusion score.

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### **KEY INSIGHTS**

From the interviews, focus groups and EDI Insights Survey, these key insights emerged: **06** The profession is not inclusive to diversity of class, race, body sizes and several other diversity dimensions.

**07** There are systemic barriers to enter the profession, especially for marginalized groups.

**08** There is a need for a supportive community and more resources provided by DC.

**09** Members believe DC can do better to advocate for EDI.

**10** There is momentum and support within the leadership and Board surrounding EDI.

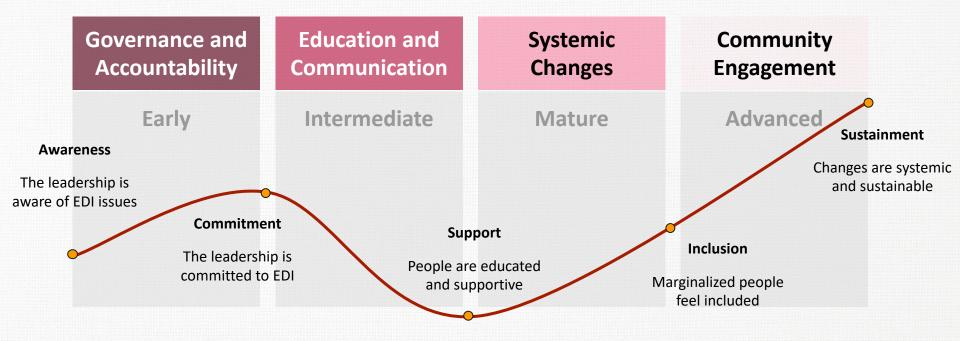
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### **GUIDING PRINCIPLES**

Based on the analysis, HRx proposed the following guiding principles as a framework for behaviours and decision making related to EDI:



### **EDI CHANGE CURVE**



## **EDI ROADMAP: A LONG-TERM APPROACH TO EDI**

A systematic approach to advance equity, diversity and inclusion

Governance + Accountability	<ol> <li>Improved governance structure</li> <li>Support and empower board members, DC members and employees</li> </ol>		
Education + Communication	<ol> <li>Communication around this project</li> <li>Establish a platform for EDI champions to share their voice</li> <li>Offering and advocating for more EDI education for members and board members</li> </ol>		
Systemic Change	<ul> <li>Areas of priority will be</li> <li>1. Increasing Board diversity</li> <li>2. Increasing DC's commitment to Indigenous communities</li> <li>3. Strengthening EDI advocacy</li> <li>4. Improving resources and offerings to support EDI</li> </ul>		
Community Engagement	<ol> <li>Informed collaboration with key partners</li> <li>Advocating for progressive health models that support marginalized people</li> </ol>		

# **GOVERNANCE & ACCOUNTABILITY (3-6 MONTHS)**

### **1.1** EDI governance is formalized to achieve the EDI vision.

# MANAGEMENT TEAM & EDI COORDINATION

Coordinates and manages efforts. Responsible for executing the EDI strategy and plan.



BOARD

Overall responsibility of achieving EDI goals, assigning resources and removing barriers



#### EDI ADVISORY COMMITTEE

Diversity of lived experience provides guidance to the executives and holds them accountable



TASK FORCES & EXTERNAL EDI GROUPS

# **GOVERNANCE & ACCOUNTABILITY (3-6 MONTHS)**

### **1.2** EDI goals and metrics are defined to measure progress

Identified EDI goals:

Increase the Board's racial diversity to 30% in 3 years.

- → Increase the employee inclusion score for Voice and Leadership Commitment to 70% in 3 years.
- → Increase the feelings of inclusion for Dietitians in the workforce that scored low based on gender, disability status, racial identity and religion to match the overall average inclusion score in 3 years.
- → Increase the feelings of inclusion for member groups that scored low based on disability status, racial identity and diverse sexuality to match the overall average inclusion score in 3 years.

# **EDUCATION & COMMUNICATION (9-12 MONTHS)**

### **2.1** Established channels to communicate EDI progress and commitment

Publish DC's EDI commitment statement on the website and communicate the insights of this assessment, the EDI strategy, and action plan to all employees, members and relevant stakeholders.

#### **2.2** DC Team (Board, Mngt & Staff) have foundational knowledge of Indigenous cultures and reconciliation

Establish a strong educational foundation so that these groups can identify where DC can have the most impact in terms of reconciliation.

#### **2.3** Members are provided with ongoing learning opportunities to support inclusion within the profession

Education will be geared towards addressing specific issues within the profession's culture, especially related to class, race, body size, people who were first trained outside Canada, gender diversity, people with diverse sexuality, and people with disability.

#### **2.4** EDI champions within the membership are given a voice on related issues

DC will offer EDI champions a platform (such as panel discussions) to encourage discourse within the profession, create an understanding of unique experiences and needs, and implement healthy dialogue that will move the field of dietetics forward in inclusion.

#### **2.5** The DC website is accessible for all members

The website will be updated for members to have easier access to DC resources, and so all members, especially those with disabilities are more easily able to navigate both the site and resources.

# **SYSTEMIC CHANGE (3-5 YEARS)**

### **3.1** Diverse representation on the DC Board has improved

To increase diverse representation, DC will be assessing the application process and the communication of board positions to remove barriers.

#### **3.2** Board has formalized a commitment to Indigenous Engagement/Reconciliation

The Board will build on its education regarding Indigenous cultures, reconciliation and knowledge to develop an Indigenous Engagement and/or Indigenous Reconciliation Strategy with the help of Indigenous experts.

#### **3.3** Contributors and topics represented in DC resources are selected equitably

The webpage will serve as a hub to inform members from marginalized communities about EDI efforts that are related to them, and will connect initiatives across all areas of membership and the organization.

### **3.4** Increased diversity in speakers and topics at conferences

DC will create a standardized process for recruiting conference speakers and choosing topics with as little bias as possible.

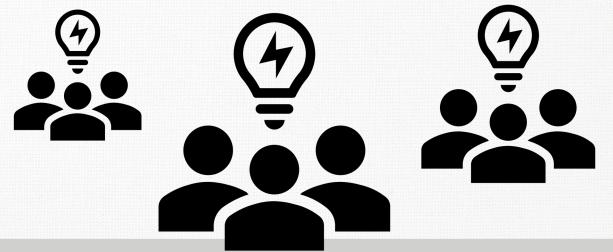
#### **3.5** DC endorses progressive frameworks in the profession

Review existing endorsements and identify which endorsements can be reconsidered and which endorsements can be added. This decision-making process can be done alongside EDI champions and the EDI advisory committee.

# **COMMUNITY ENGAGEMENT (5+ YEARS)**

**4.1** Collaborate with external partners on EDI initiatives.

**4.2** Advocate for progressive health models.







**EDI Committee:** 

• More information and application to come this fall

