



# **BUILDING CULTURAL HUMILITY IN DIETETICS TO ADVANCE HEALTH**

WAND Annual Conference  
April 9, 2021

# DISCLOSURES

## Employer

- Anna: University of Wisconsin – Madison, Department of Nutritional Sciences
- Vanderwall: UW Health, Department of Culinary and Clinical Nutrition

# LEARNING OUTCOMES

1. Define and understand concepts and terms surrounding cultural humility
2. Contrast cultural competence and cultural humility, identifying essential elements necessary to work effectively across diverse cultures
3. Practice strategies for incorporating cultural competence and humility into food and nutrition care.

# CULTURE

- System of learned beliefs, traditions, principles, and guides for individual and collective behaviors
  - **Reflected** in values, practices, customs and spiritual traditions, relationships
  - **Influences** work, parent, interact with others; how we understand health, wellness, illness, disability, and death
  - **Culture is fluid, not static**



# WHO ARE YOU?

*Grounding ourselves in who we are can help us to understand others.*

## Drop in the chat:

- What aspect(s) of your identity do you spend the most time thinking about or doing? Not thinking about or doing?
- What do you tend to value as most important?



# INTERSECTIONALITY



- Theoretical framework for understanding how aspects of one's identities might combine to create discrimination.
- The interconnected nature of social categories as they apply to a given individual or group, creating overlapping and interdependent systems of discrimination or disadvantage.
- Refers to the stance or positioning of the person [clinician, researcher, educator] in relation to “the other” in a specific community, organization or group  
→ **Power Imbalance**

# POWER & PREJUDICE

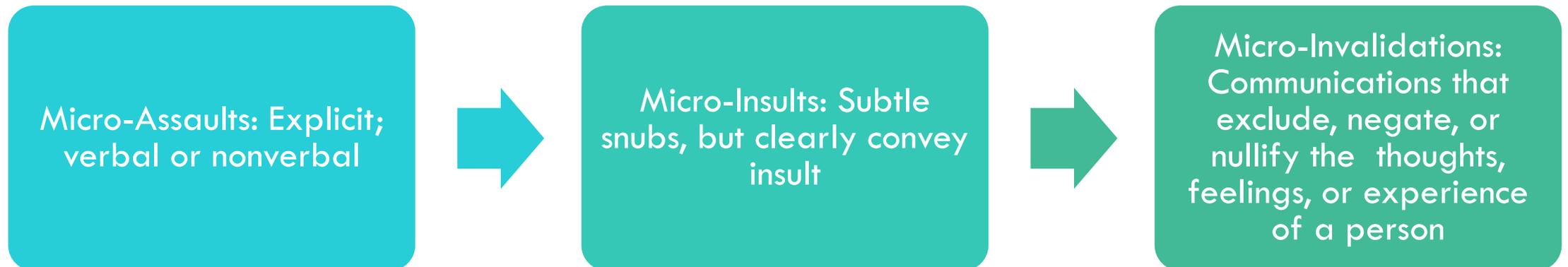
**Prejudice** is a largely fixed attitude, belief, or emotion held by an individual about another individual or group based on faulty or unsubstantiated data.

- **Stereotyping** is an exaggerated belief or fixed idea about a person or a group of people
- **Generalization** is a starting point indicating common trends, but further information is needed to ascertain whether the statement is appropriate to a particular individual

# PRODUCT OF POWER IMBALANCES = PREJUDICE <sup>3</sup>

**Microaggressions:** brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative prejudicial slights and insults toward any group, particularly culturally marginalized groups.

## Taxonomy of Microaggressions





I have perpetrated a microaggression.

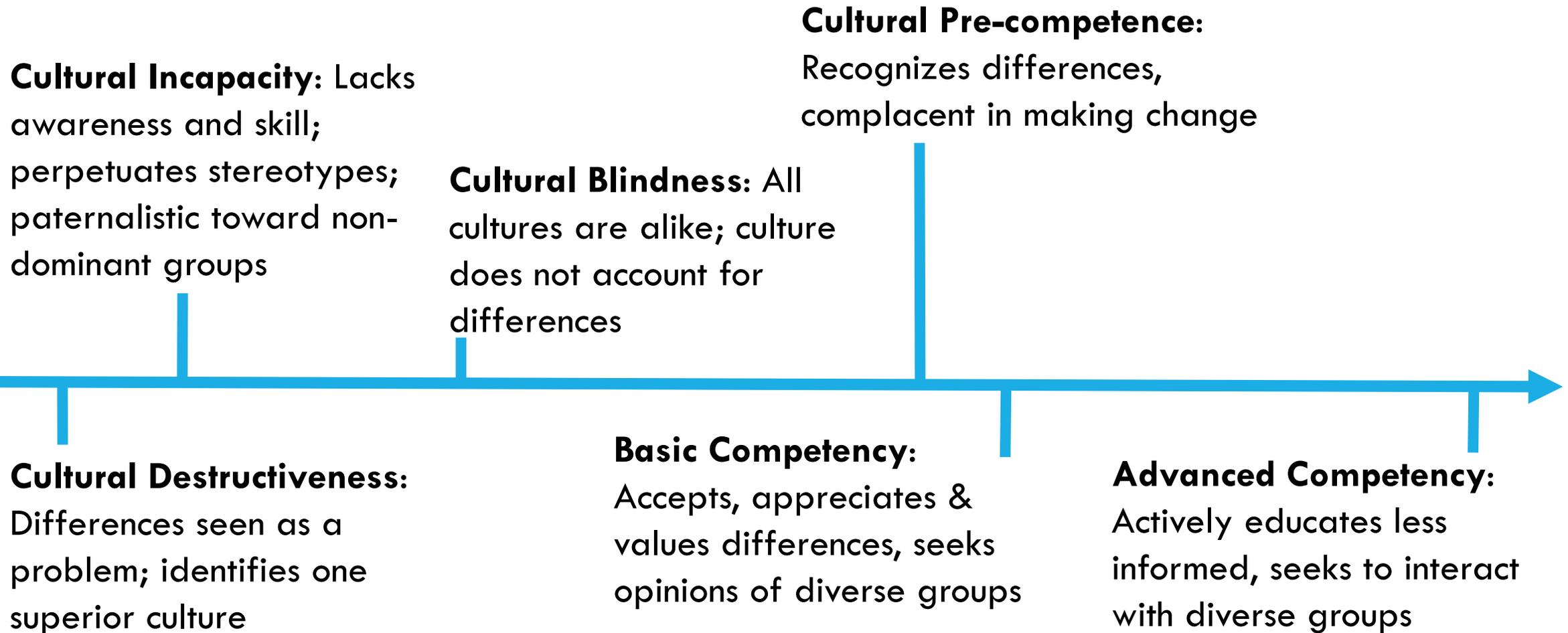
# REFLECTION<sup>5</sup>

- What am I feeling and thinking? How may my emotions impede my ability to receive and make space for the messages from the individual I have microaggressed?
- What needs is this individual expressing?
- What factors cause us to interpret these experiences differently? What can I learn from this experience? What work do I need to do?

# POTENTIAL RESPONSE

- “I am sorry that I had this impact on you. Thank you for letting me know. I am committed to doing better in the future.”
- “Thank you for letting me know. Are you willing to share more so that I can better understand your experience?”
- “I appreciate you letting me know. I will take time to reflect on what you shared and do my own work around the topic(s) you brought to my attention. Would you be open for following up with me at a later time?”

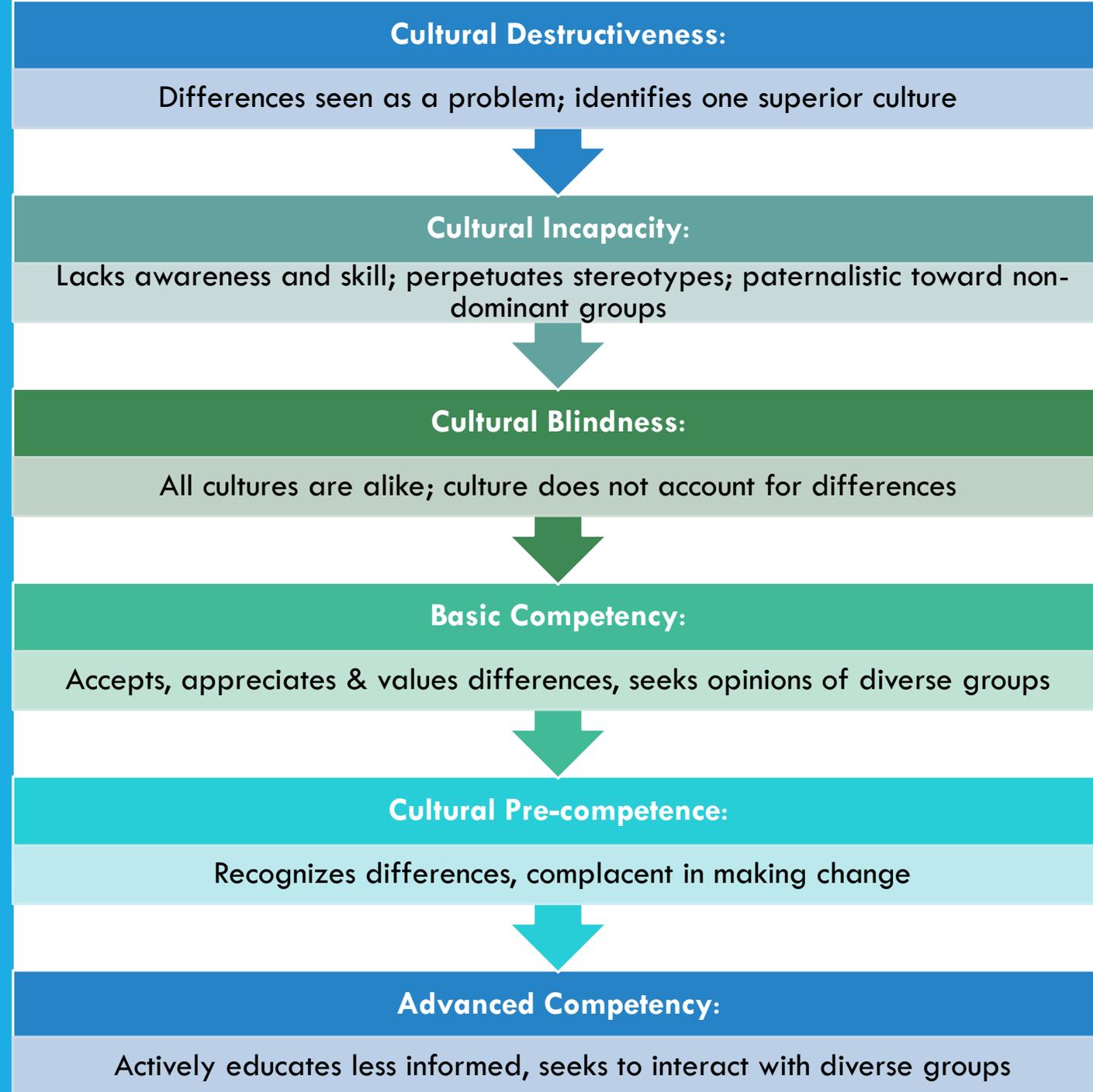
# CULTURAL COMPETENCY CONTINUUM<sup>6</sup>



# WHERE ARE YOU?

Drop in the chat:

At which stage of the continuum do you find yourself today?



# NAVIGATING CULTURAL COMPETENCY<sup>7</sup>

Same framework for treating a patient is used, regardless of social, ethnic, or racial backgrounds

Not "cure-all" for health disparities

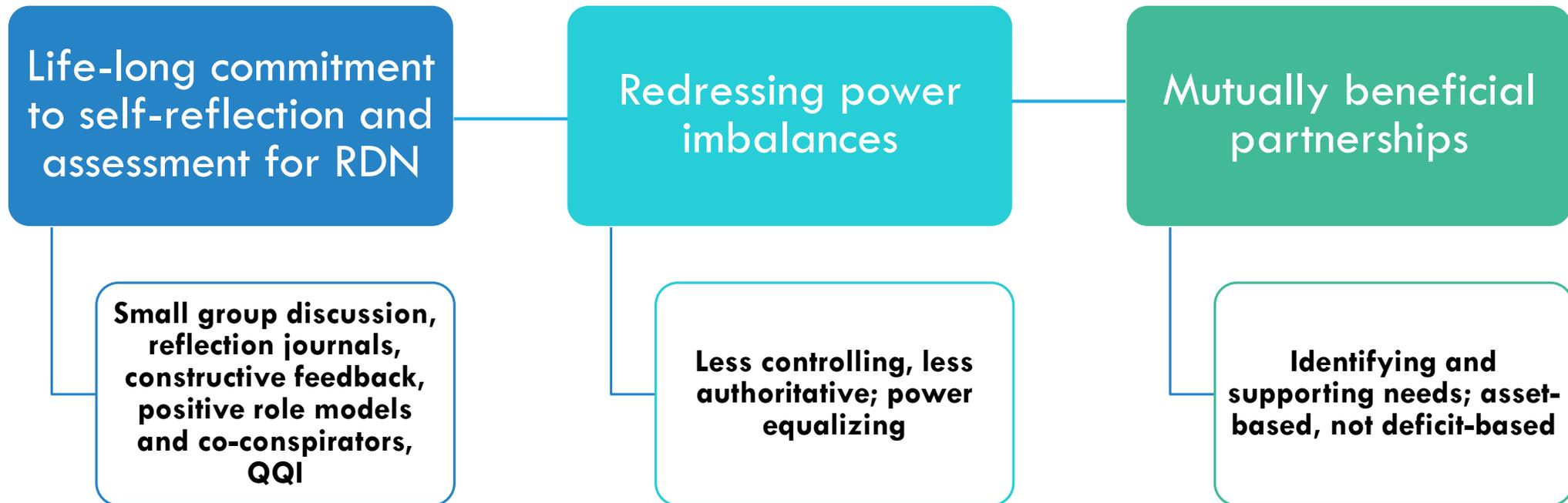
Culture, race, and ethnicity are distinct concepts

Understanding of a particular cultural context is always incompletely true, always somewhat out of date, and partial

Context is critical

This approach valued mastery of knowledge, skills; the "Other"

# CULTIVATING CULTURAL HUMILITY<sup>8</sup>



# DROP IN THE CHAT



Can you be early in the Cultural Competency Continuum and practice Cultural Humility?



Can you be in a later phase of the Cultural Competency Continuum and NOT practice Cultural Humility?

## Cultural Competence

Goal: Build understanding of cultures to provide better and more appropriate services

Values: Knowledge, training, self-awareness, acceptance

### Strengths:

- Allows people to strive to obtain a goal
- Promotes skill building

### Shortcomings:

- Confused to mean there is a “competence” and “certification” in a culture other than one’s own
- Can be falsely based on academic knowledge rather than lived experiences

## Cultural Humility

Goal: Increase awareness of culture through personal reflection and self-evaluation

Values: Introspection, co-learning, openness, flexibility, acceptance, appreciation

### Strengths:

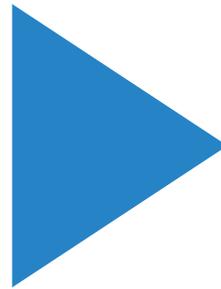
- Continuous learning with appreciation for journey of growth and understanding
- Helps develop mutually beneficial relationships and diminishes damaging power dynamics

### Shortcomings:

- Challenging because there is no clear end result, rather; it is a continuous process that emphasizes learning with and from community members.

# SELF-REFLECTION

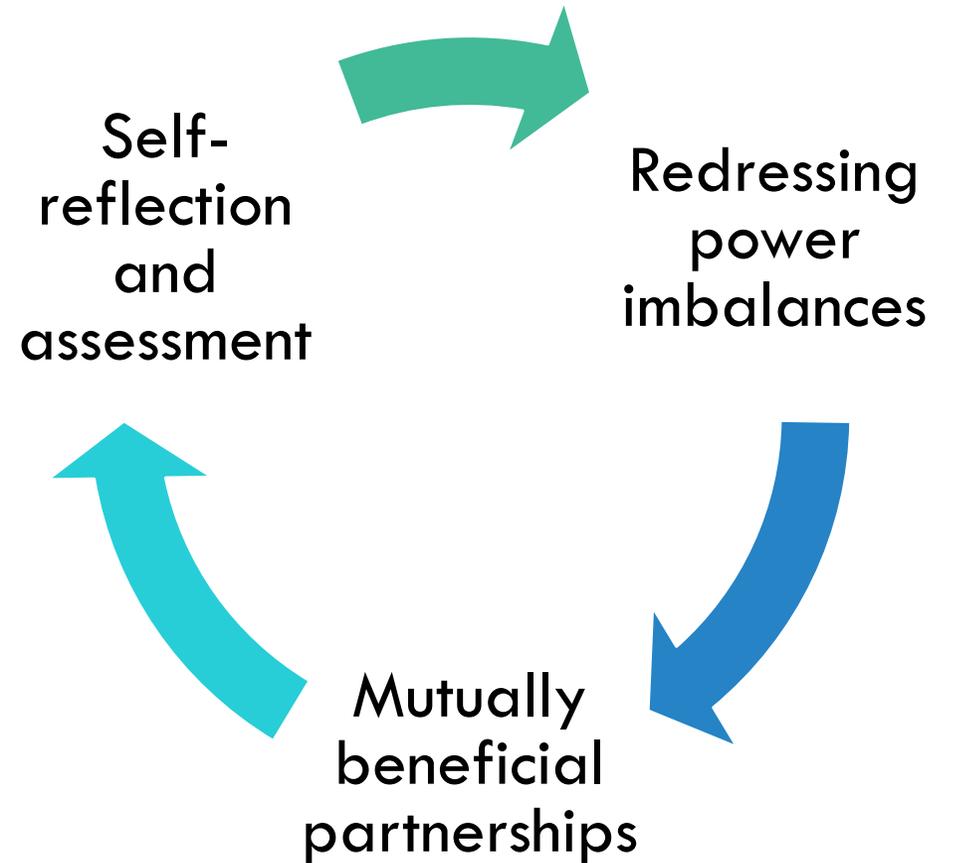
**Drop in the  
chat**



**How could  
cultural  
humility  
impact your  
practice?**

# HOW COULD CULTURAL HUMILITY IMPACT YOUR PRACTICE?<sup>9</sup>

- Emphasizes that you have something to learn from individuals and communities
- Prioritizes respect, upholds dignity
- Possessing historical awareness which informs present-day realities and injustices of your patients, clients, students, builds capacity to work respectfully and authentically



# CULTURAL HUMILITY IS NOT...

## A passive process

- “...being an antiracist requires persistent self-awareness, constant self-criticism, and regular self-examination.” –Dr. Ibram X. Kendi

## Intuitive or Comfortable

- Vulnerability, power-sharing, apologizing... not the norm in biomedical model and academia

## The compromise of your ideologies, truth, or personal narrative

- It is the *willingness* to hold them back to make room in yourself for the truth and narrative of another and the *ability* to maintain an interpersonal stance that is others-oriented

# THE 5 R'S: STRATEGIES FOR FOSTERING RESPECTFUL AND INCLUSIVE ENCOUNTERS<sup>10</sup>



## •Reflection

- Aim to approach every encounter with humility and understanding that there is always something to learn from everyone.



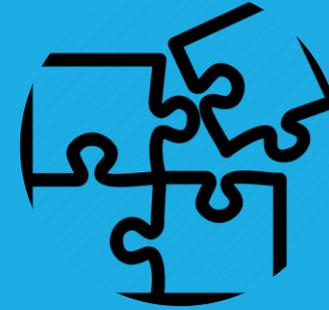
## Respect

- Treat every person with the utmost respect and strive to preserve dignity at all times.



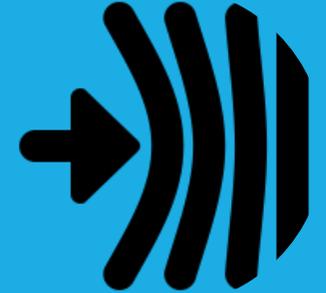
## Regard

- Hold every person in their highest regard, be aware of, and not allow unconscious biases to interfere in any interactions.



## Relevance

- Expect cultural humility to be relevant and apply this practice to every encounter.



## Resiliency

- Embody the practice of cultural humility to enhance personal resiliency and global compassion.

# C.R.A.S.H.



**Consider Culture**

Apply Cultural Competency



**Show Respect**

Monitor and Address Power Imbalances



**Active Listening**

Engage in motivational interviewing



**Be Sensitive**

Use careful language



**Practice Humility**

Admit what you don't know and seek to understand

Strategies

THE NUTRITION CARE  
PROCESS

# Assessment

## OPEN-ENDED QUESTIONS

### **Traditional foods:**

What foods do you commonly eat?

What are your favorite foods?

Which foods do you eat on holidays or special occasions?

### **Food acquisition:**

- How do you feel about how much food you have?
- Where do you get food?

### **Food preparation:**

- Who prepares the food?
- How is it cooked? What do you have on the side?

# Assessment

## OPEN-ENDED QUESTIONS

### **Amount and Quality of food:**

- How do you feel about your food choices?
- What impacts the foods you choose?

### **Food and health:**

- Which foods do you eat to be healthy?
- Which foods do you avoid?

### **Food and Culture:**

- With whom do you eat meals? Every day? On special occasions?
- Which foods do you abstain from eating?
- Which traditions impact your food choices?

Choose People First Language	Avoid
Person with disabilities	Handicapped, special needs, challenges, suffers from a disability
Uses a wheelchair	Wheelchair-bound; Confined to a wheelchair
Person with obesity	Obese, Overweight, Fat
Person with diabetes	Diabetic
Person with mental illness	Mentally-ill, emotionally disturbed, crazy

# DIAGNOSIS & DOCUMENTATION

## PEOPLE FIRST LANGUAGE

USED TO SPEAK APPROPRIATELY AND RESPECTFULLY ABOUT AN INDIVIDUAL WITH A DISABILITY



# COMMUNICATION

## Respectful name traditions

## Active listening

Recognizing and validating experiences;  
Affirming emotional reactions

## Linguistically appropriate services and teaching

Mutually beneficial partnerships include identifying and supporting needs

- LEP (limited English proficiency)
- Low literacy skills
- Individuals with disabilities

# INTERVENTION: EDUCATION & COUNSELING



Informed by  
Cultural  
Competence

Continuous  
improvement loop



Focus on the  
audience

Demographic  
information;  
invitation



S.M.A.R.T. Goals

Specific,  
Measurable,  
Attainable,  
Relevant, Time-  
bound



Develop & Center  
the message

Culturally-  
appropriate, honors  
and sustains cultural  
norms



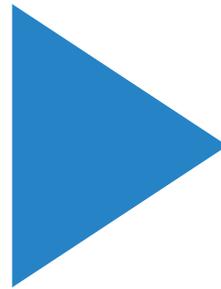
## MICRO-AFFIRMATIONS<sup>11</sup>

**Substitute** messages about deficit and exclusion with messages of excellence, openness, and opportunity through:

- Active listening,
- Recognizing and validating experiences, and
- Affirming emotional reactions.

# SELF-REFLECTION

Drop in the chat



Which of these  
strategies are  
you practicing?

Which of these  
will you try?

# NEXT STEPS<sup>9</sup>

## On Your Own...

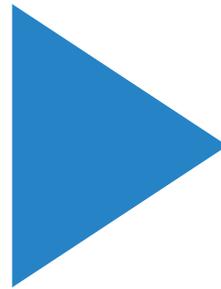
- Seek to understand historical perspectives related to food and health care.
- Continue to assess personal biases and assumptions about others with different values than yourself.
- Own up to how our privilege enables many of us to truly connect with others
- Accept our mistakes, shortcomings, and biases.

## In the workplace...

- Ground conversations in the others' identity, culture, values, and beliefs.
- Speak less and listen more.
- Practice recognizing power-imbances.
- Speak up against microaggressions.
- Seek ways to promote equity in your sphere of influence
- Be weary of tokenism.

# SELF-REFLECTION

**Drop in  
the chat**



**What is  
your next  
step?**

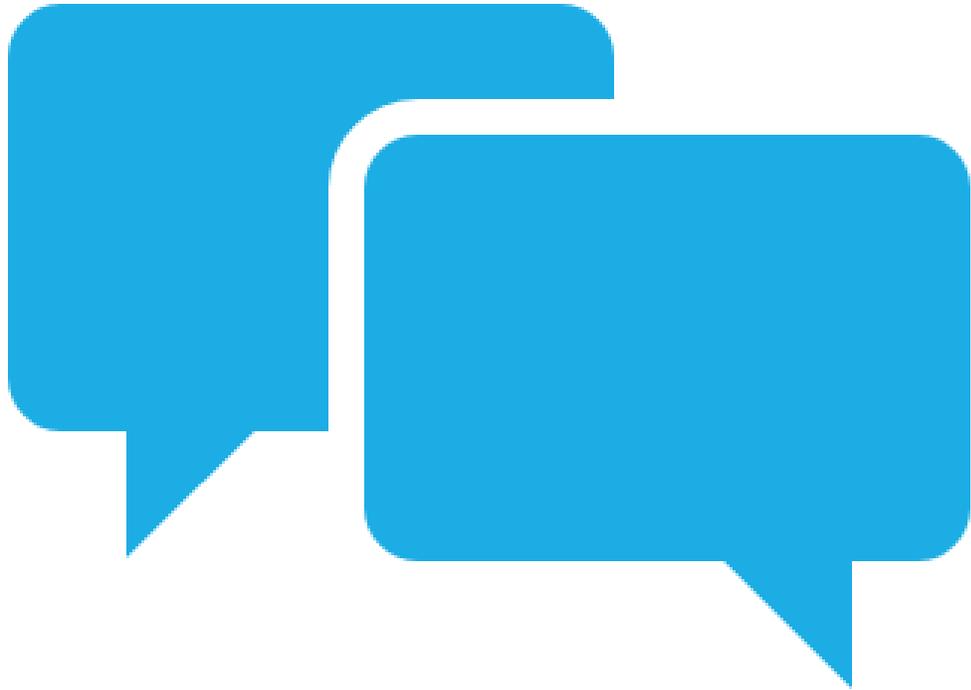
# TOGETHER, WE WILL...

**Make learning** from BIPOC professionals an essential part of our nutrition philosophy and hear the challenges and concerns they face in the dietetics field.

**Celebrate** BIPOC food traditions by sharing the beauty of diverse foodways. Infuse nutrition education resources with cultural humility

Cultural Competence

Cultural Humility



TIME FOR DIALOG

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Questions?

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