Cultural Humility within Dietetics Practice

Wisconsin Academy of Nutrition and Dietetics | October 15, 2020

Audio and Visual

- All microphones should be muted and cameras off during presentation.

Chat & Questions

- Live questions will not be taken during the power point. Any questions will be shared during live Q&A.

Follow-up and CPE

- Participants will be sent the recorded event link
- Eligible participants will receive 6 CPE for attending all three webinars. CPE certificate will be emailed after third webinar concludes today.

Land Acknowledgement

The University of Wisconsin-Madison occupies ancestral Ho-Chunk land, a place their nation has called Teejop (day-JOPE) since time immemorial. In an 1832 treaty, the Ho-Chunk were forced to cede this territory. Decades of ethnic cleansing followed when both the federal and state government repeatedly, but unsuccessfully, sought to forcibly remove the Ho-Chunk from Wisconsin. This history of colonization informs our shared future of collaboration and innovation. Today, UW–Madison respects the inherent sovereignty of the Ho-Chunk Nation, along with the eleven other First Nations of Wisconsin.

We acknowledge in Milwaukee that we are on traditional Potawatomi, Ho-Chunk and Menominee homeland along the southwest shores of Michigami, North America's largest system of freshwater lakes, where the Milwaukee, Menominee and Kinnickinnic rivers meet and the people of Wisconsin's sovereign Anishinaabe, Ho-Chunk, Menominee, Oneida and Mohican nations remain present.

SERIES OUTLINE

Part 1. Building a Foundation of Common Language and Concepts

Part 2. Structural Racism and Nutrition-related Health Care Disparities

Part 3. Cultural Humility within Dietetics Practice

OUTLINE

- Explore core concepts and principles to a trauma-informed approach to care
- Appreciate the factors influencing food habits
- Apply principles of cultural humility within dietetics practice
- Describe guiding principles for dietitians performing community-engaged food and nutrition care, and research

Trauma-informed Care

- Adverse Childhood Experiences (ACE) Study[1]
  - Exposure to abuse, neglect, discrimination, violence, and other adverse experience increase potential for serious health problems, engaging in at-risk behaviors
- Trauma-informed care acknowledges need to understand patient's life experiences[1]
  - Promotes effective care
  - Potential to improve patient engagement, treatment adherence, health outcomes, provider and staff wellness
- Relatively new focus area for health care[2]
  - November 28, 2019, nursing homes requirement to implement

No Universal Definition of Trauma

- Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being[1]

- Unaddressed trauma can be a barrier to individual and/or community adopting a culturally relevant food and nutrition intervention.

Three “E’s” of Trauma[3]

Events	Experience	Effects
• What happened to the person	• How the person perceives and reacts to the event	• The psychological, physiological, spiritual manifestations

Four "R's": Assumptions of a Trauma-Informed Approach[3]

Realizes	Recognizes	Responds	Resists
• Realizing the widespread impact of trauma	• Recognizing the signs and symptoms of trauma	• Integrating knowledge about trauma into policies, procedures, and practices	• Seeking to actively resist re-traumatization

Comparison of Traditional and Trauma-Informed Approaches to Care[4]

Traditional	Trauma-Informed
Traumatic stress is not seen as a primary defining event for people	Traumatic events are the central events impacting everything else
Problems and symptoms are discrete and separate	Problems and symptoms are interrelated responses to or coping mechanisms to deal with trauma
Hierarchical	Sharing power
People providing the service are the experts	Individuals and communities are active experts and partners with people providing services
Primary goals are defined by service providers and focus on symptom reduction	Primary goals are defined by individuals and communities and focus on recovery, self-efficacy, and healing
Reactive	Proactive
Sees individuals as broke, vulnerable, damaged, and needing protection from themselves	Understands that providing individuals with the maximum level of choices, autonomy, self-determination, dignity, and respect is central to healing

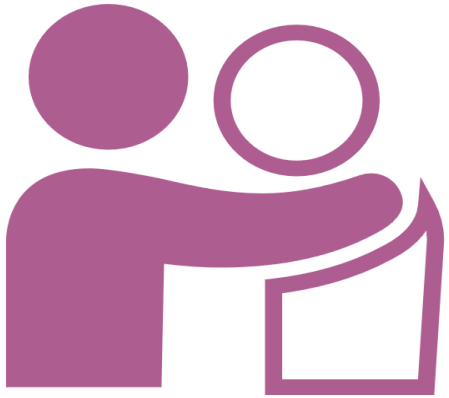
Core Principles of Trauma-informed Care[5]

Safety

Throughout the organization, patients and staff feel physically and psychologically safe

Trustworthiness + Transparency

Decisions are made with transparency, and with the goal of building and maintaining trust



Peer Support

Individuals with shared experiences are integrated into the organization and viewed as integral to service delivery

Core Principles of Trauma-Informed Care[5]

Collaboration

Power differences — between staff and patients and among organizational staff — are leveled to support shared decision-making

Empowerment

Patient and staff strengths are recognized, built on, and validated — this includes a belief in resilience and the ability to heal from trauma

Humility + Responsiveness

Biases and stereotypes (e.g., based on race, ethnicity, sexual orientation, age, geography) and historical trauma are recognized and addressed

Cultural Humility: A Key Element of Trauma Informed Care

- Strengthen relationships (staff, staff and leadership, and staff and patients)
- Higher quality of care
- Encourages organizations to make purposeful, deliberate efforts to build a more diverse workforce
  - Representation matters
- Cultural humility inherently leads to reflection, deep engagement, and self-critique

The Need of Cultural Competency

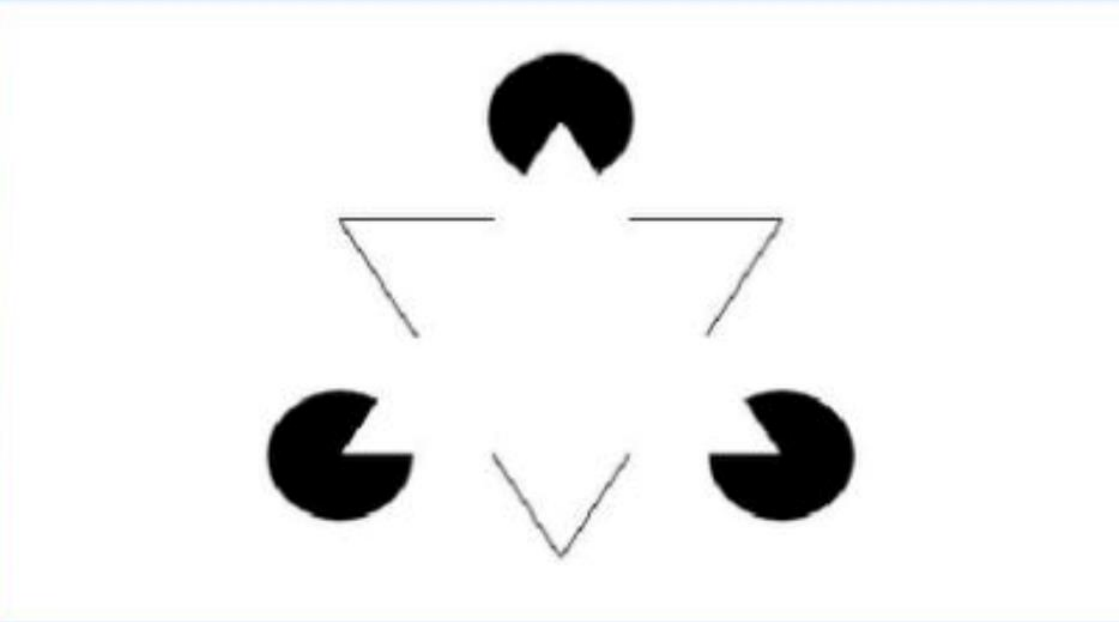
- Ignoring or violating cultural customs could result in the rejection of essential information
- Need for competencies in research, assessment, counseling, and education
- Facilitation of a more diverse workforce

*"Cultural competence is a set of congruent b**ehaviors, attitudes, and policies that come together** in a system, agency or among professionals and enable that system, agency or those professions t**o work effectively in cross-cultural situations**."* Cross et al, 1989

Has Cultural Competency been ***Successful***?

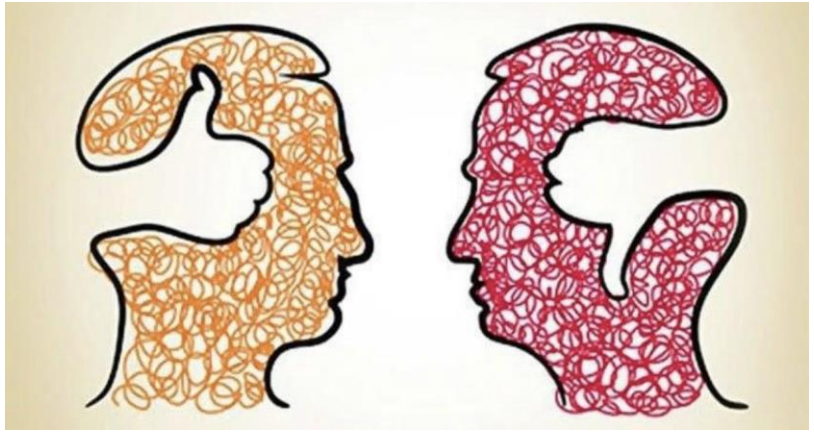
- “Culture” reduced to race/ethnicity ignoring other identities
- Idea of culture as something unchanging, uniform and determining the lives of “Others”
- Idea that CC was something that could be attained
- Competence was measured by the learner confidence and comfort - not by the patient experience
- Cultural Competence trainers belonged to the dominant groups
- **CC was sustaining unequitable power structures and relations between provider/patient**
- **CC doesn’t recognize *Implicit Bias***

How many triangles do you see in this picture?



Implicit Bias Revisited

- Implicit Bias is an unconscious association, belief, or attitude toward any social group that affect our understanding, actions and decisions.
- Affect us without our CONSCIOUS awareness or control.



NURSE

PILOT

Implicit Bias in HealthCare

The Influence of Implicit Bias on Treatment Recommendations of Pediatric Conditions

*"**Pediatricians' implicit (unconscious) attitudes and stereotypes were associated with treatment recommendations.** The association between unconscious bias and patient's race was statistically significant for prescribing a narcotic medication for pain following surgery. As pediatricians' implicit pro-White bias increased, prescribing narcotic medication decreased for African American patients but not for the White patients. Self-reported attitudes about race were associated with some treatment recommendations."*

https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2011.300621

Individual Activity

Using the CHAT box write about one (or more) ways how ***implicit bias*** may show up in interactions among...

Dietitian ⟺ **Client/Patient**

What themes do you see in these examples?

From Cultural Competence to Cultural Humility

Melanie Tervalon & Jann Murray-Garcia. 1998
https://muse.jhu.edu/article/268076

"Cultural humility is proposed as a more suitable goal (than cultural competence) in multicultural medical education"

What is Cultural Humility?

*"Cultural Humility is a **process** that requires humility as individuals **continually** engage in **self-reflection** and self-critique as **lifelong learners** and reflective practitioners. It requires humility in how physicians bring into **check the power imbalances** that exist in the dynamics of **physician-patient communication** by using patient-focused interviewing and care, and it is a process that **requires humility** to develop and maintain mutually **respectful and dynamic partnerships with communities**"*

Tervalon, M. & Murray-García, J

Cultural Humility Principles

- Self-reflection & Lifelong Learner
- Individual as Expert
- Community as Expert
- Institutional Reflection & Investment

Self-Reflection and Lifelong Learning

How to apply Cultural Humility in Dietetic practice? How to help someone like help Edith?

Obesity

Diabetes

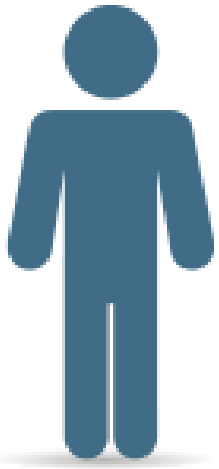
INFORMING?

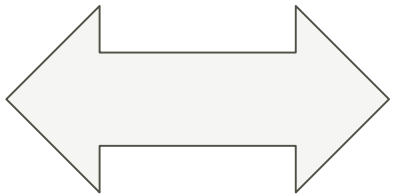
EDUCATING?

SHOWING?

EXPLAINING?

Understanding the Complexity of Factors Influencing Food Habits





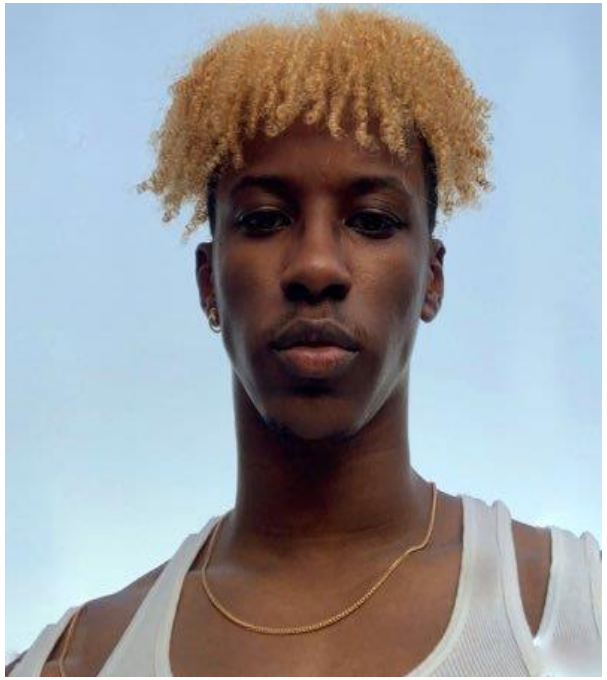
The Individual

The Environment

(The Individual)

Carmen

Benjamin.



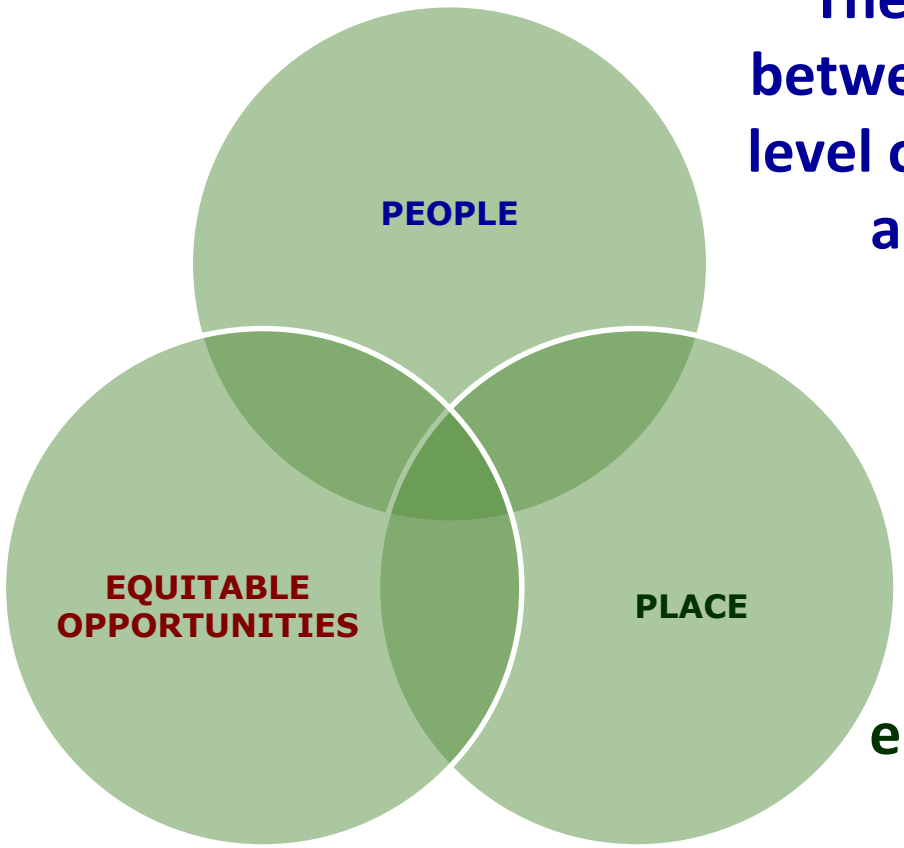
Culture or Cultures?

- Race
- Ethnicity
- Gender
- Religion
- Socio-Economic
- First Generation
- Gender Expression/Identification
- Multi-cultural
- Geographic
- International
- Disabilities

The Environment

Community Health Factors

"The relationships between people, the level of engagement, and norms"



"The level and distribution of opportunity and resources"

"The physical environment in which people live, work, play and go to school"

The PLACE

- Low-income communities have ***25% fewer*** supermarkets than their middle-income counterparts

- Explosion of ***fast food*** in neighborhoods of color

- ***Junk food*** companies spent billions of advertising dollars ***targeting kids of color***. *Black and Hispanic* kids saw *twice* as many *ads for junk food* products compared to white teens in 2017.

i'm lovin' it

THINK OUTSIDE THE BUN. TACO BELL

Carl's Jr.

DEL TACO GO BOLD OR GO HOME.

Equitable OPPORTUNITY

In 2007, Latino families earned ***62 cents*** for every dollar earned by a white family

Black Americans are twice as likely as their White counterparts to live below the ***poverty*** line

Almost four in 10 Black and Hispanic households with children are struggling with ***food insecurity*** during the ***covid19*** pandemic

PEOPLE

Black drug users are nearly ***20 times*** more likely to spend time in prison for their use…

The rate of black incarceration for drug offenses is anywhere from ***20 to 57 times greater*** than for whites despite equal or greater rates of drug law violation by whites

How all those community factors impact the diet, nutrition and ultimately the health and lives of the people we serve?

What can we do?

Reflections for More Effective Dietetic Practice

- Ongoing personal work on implicit bias
- Prior learning about their history and cultural traditions
- Next… move beyond the one culture and open to the other many cultural groups he/she is part of
- ASKing, and LISTENing genuinely… *before* EDUCATing
- Look for the human being versus the patient/client
- Find ways to disrupt inequities by sharing “power” with your client/patient
- Be flexible and patient with them...and with yourself
- Remember this is a lifelong journey :)

Lifelong journey of learning, where to next?

- What are our colleagues doing?
  - AND Member Interest Groups (MIG)
    - Asian Americans and Pacific Islanders
    - Cultures of Gender and Age
    - Global
    - Indians in Nutrition and Dietetics
    - Latinos and Hispanics in Dietetics and Nutrition
    - National Organization of Blacks in Dietetics and Nutrition
    - Religion
  - Publications, Podcasts, Webinars, Instagram, etc.

THE African Pot NUTRITION

Diversify Dietetics

Nutrition Prescriptions

- Like cultural humility, justice, diversity, equity, and inclusion is the responsibility of the workforce, regardless of the domain in which you work

Post-Webinar 3 Work

1. With your Partner for Change (Accountability Partner):
   - Discuss your results of Webinar 2 activities

2. Complete "Social Justice Action Plan"
   - What resources do you need to support diversity, equity, inclusion, and anti-racism within your sphere?
   - What areas of growth are emerging for you?
   - What Academy DPGs, MIGs could you join?
   - What topics are you uncomfortable with and/or need more education about?
   - Share completed (or work-in-progress) chart with Accountability Partner

Social Justice Action Plan

Action What are you going to do? What new behaviors are you going to learn and practice? What behaviors or thoughts are you going to unlearn and challenge?	**Plan** What resources do you need? How will you begin this work? What will you say, do or create to achieve the desired action?	**Accountability Measures** When will you check in and reflect on the work being done and your growth? Who will hold you accountable to these changes?	**Purpose** Why are you doing this work? What are you hoping to build or change? What motivates you in this work?

Join WAND **TOMORROW** in a celebration of Indigenous Food, Foodways, and People Groups on Food Day with an exploration of the status of Tribal health and culture-centered care

**Thank you WAND Southern Region for helping sponsor this event!*

Program Outline

- 4:30 PM - Welcome and Introduction
- 4:40 PM - Background information Indigenous Foods, Foodways, and Tribal Health
- 5:10 PM - Cooking demonstration of 3 Sisters Soup with Smoked Turkey
- 5:40 PM - Group question and answer session
- 5:55 PM - Concluding remarks

About the Speaker

Elena Terry, Chef and Executive Director, is the founder and Executive Director of Wild Bearies, a nonprofit that she formed in 2018 to keep First Nation food traditions alive and help community members who are dealing with trauma or addiction. She is a consulting chef with the Intertribal Agriculture Council and a Ho-Chunk Tribal member.

This event is FREE for all WAND members and is approved for 1.5 CEUs.

SIGN UP HERE: https://www.eatrightwisc.org/events/EventDetails.aspx?id=1429092&group=

Tatiana Maida Contact Information

- tmaida@gmail.com
- 414-628-6393

References

1. “Key Ingredients for Successful Trauma-Informed Care Implementation.” Trauma-Informed Care Implementation Resource Center, Center for Health Care Strategies, 14 Apr. 2020, www.traumainformedcare.chcs.org/resource/key-ingredients-for-successful-trauma-informed-care-implementation/.
2. Richardson, Brenda. Trauma-Informed Care and Nutrition. Nutrition and Foodservice Edge, 2020, www.anfponline.org/docs/default-source/legacy-docs/docs/ce-articles/nc012020.pdf.
3. “SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.” SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach | Publications and Digital Products, Substance Abuse and Mental Health Services Administration, Oct. 2014, store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884. Marcellus,
4. Lenora. (2014). Supporting Women with Substance Use Issues: Trauma-Informed Care as a Foundation for Practice in the NICU. Neonatal network : NN. 33. 307-14. 10.1891/0730-0832.33.6.307.
5. “What Is Trauma-Informed Care?” Trauma, Center for Health Care Strategies, 13 Apr. 2020, www.traumainformedcare.chcs.org/what-is-trauma-informed-care/.