



**The National  
Resource Center on  
Nutrition & Aging**

# **PROVIDING CULTURALLY-INCLUSIVE NUTRITION SERVICES TO DIVERSE OLDER ADULTS**

**KEY CONSIDERATIONS & A VIEW FROM THE FIELD**

**December 8, 2020**



**The National  
Resource Center on  
Nutrition & Aging**

# **WELCOME & INTRODUCTIONS**

# INTRODUCTION

- This summer, we fielded the NRCNA Technical Assistance and Training Needs evaluation to determine the educational needs of senior nutrition program staff across the country.
- To learn more/see results, please visit:  
<https://nutritionandaging.org/tatnsurvey/>
- NRCNA staff set out to offer a series of virtual learning and networking events this Fall to delve into some of the training need areas highlighted.
- The senior nutrition network has a long history of serving racial/ethnic minority populations. Offering culturally appropriate services, meals and programming helps SNPs meet the expectations of these clients and others interested in such offerings.





# **PROVIDING CULTURALLY-INCLUSIVE NUTRITION SERVICES TO DIVERSE OLDER ADULTS: KEY CONSIDERATIONS**

**CORDIALIS MSORA-KASAGO, MA, RDN**

**December 8, 2020**

# LEARNING OBJECTIVES

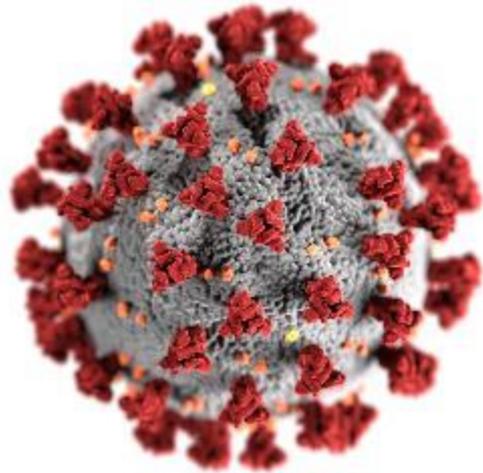
1. Advance your organizational commitment to increasing equity, diversity and inclusion
2. Summarize foundational concepts for the successful implementation of services that equity, diversity and inclusion;
3. Examine policy- and program-based opportunities for senior nutrition programs to offer more culturally inclusive nutrition



# WHY THIS TOPIC MATTERS TO ME



**SETTING THE STAGE:  
A LOOK AT THE SOCIAL  
DETERMINANTS OF HEALTH**



# COVID-19 Coronavirus



## SETTING THE STAGE (2)

### SOCIAL DETERMINANTS OF HEALTH



### DEFINITION:

The conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life-risks and outcomes.

Source: CDC 2020



# SOCIAL DETERMINANTS OF HEALTH: OVERVIEW



Economic  
Stability



Food



Education



Neighborhood  
& Physical  
Environment



Community &  
Social Networks



Health &  
Healthcare Access

Source: CDC 2020  
Kaiser Family Foundation



**DEFINING:  
EQUITY, DIVERSITY & INCLUSION**

# MELTING POT OR SALAD BOWL?



# Equality



# Equity



“

Diversity is being invited  
to the party;

Inclusion is being asked  
to dance. ”

**Verna Myer**

VP Inclusion Strategy, Netflix



# DEFINING EQUITY, DIVERSITY & INCLUSION



## EQUITY

- Recognition that we don't all start from the same place
- Acknowledgment and adjustment to imbalances
- Ongoing process
- Identification and removal of unintentional barriers or systemic structures



## DIVERSITY

- Appreciation and respect for differences and similarities
- Includes but not limited to age, race, ethnicity, national origin, gender, gender identity, sexual orientation, physical/mental ability or attributes, religion, political belief, immigration status, size, relationship status



## INCLUSION

- Active process of hearing and respecting diverse voices and perspectives
- Valuing unique qualities
- Creating a sense of belonging
- Hearing the voices of individuals and communities

DeBiasse & Burt, 2019



Diversity is being invited to the party.

Inclusion is being asked to help pick the music.

Equity is ensuring everyone has appropriate transport to the party, regardless of their starting location.\*



\*Academy of Eating Disorders



# WHERE AND WHY DIVERSITY MATTERS

## ACCESS

- Increased trust of the “system”
- Utilization of services
- Reduced disparities
- Reduction of illness and complications

## INNOVATION

- Better product, program and process development
- Improved outcomes
- Increased research

## WORKFORCE

- More diverse trained senior nutrition program leaders, executives and staff
- Next generation of food and nutrition professionals



**DEFINING:  
CULTURAL COMPETENCE AND  
CULTURAL HUMILITY**

# COMPETENCE VS. HUMILITY

## CULTURAL COMPETENCE

Knowledge and ability to work with culturally diverse populations with consideration of ethnic/cultural norms, values, social structures, beliefs, historical and environmental attributes.

## CULTURAL HUMILITY

Lifelong process of self-reflections and self-critique whereby an individual not only learns about another's culture, but one starts with an examination of his/her own beliefs and cultural identities.

Tervalon M, Murray-García J. (1998)  
American Association of Diabetes Educators 2019



# CULTURAL COMPETENCE VS. CULTURAL HUMILITY

Attribute	Cultural Competence	Cultural Humility
View of culture	<ul style="list-style-type: none"> <li>• Group traits</li> <li>• Group label associates group with a list of traditional traits and practices</li> <li>• De-contextualized</li> </ul>	<ul style="list-style-type: none"> <li>• Unique to individuals</li> <li>• Originates from multiple contributions from different sources</li> <li>• Can be fluid and change based on text</li> </ul>
Culture definition	<ul style="list-style-type: none"> <li>• Minorities of ethnic and racial groups</li> </ul>	<ul style="list-style-type: none"> <li>• Different combinations of ethnicity, race, age, income, education, sexual orientation, class, abilities, faith and more</li> </ul>
Traditions	<ul style="list-style-type: none"> <li>• Immigrants and minorities follow traditions</li> </ul>	<ul style="list-style-type: none"> <li>• Everyone follows traditions</li> </ul>
Context	<ul style="list-style-type: none"> <li>• Majority is the normal; other cultures are the different ones</li> </ul>	<ul style="list-style-type: none"> <li>• Power differences exist and must be recognized and minimized</li> </ul>
Results	<ul style="list-style-type: none"> <li>• Promotion of stereotyping</li> </ul>	<ul style="list-style-type: none"> <li>• Promotion of respect</li> </ul>
Focus	<ul style="list-style-type: none"> <li>• Differences based on group identity and group boundaries</li> </ul>	<ul style="list-style-type: none"> <li>• Individual focus of not only of the other but also of the self</li> </ul>
Process	<ul style="list-style-type: none"> <li>• A defined course or curricula to highlight differences</li> </ul>	<ul style="list-style-type: none"> <li>• An ongoing life process</li> <li>• Making bias explicit</li> </ul>
Endpoint	<ul style="list-style-type: none"> <li>• Competence/expertise</li> </ul>	<ul style="list-style-type: none"> <li>• Flexibility / humility</li> </ul>



# IMPLICIT BIAS

Attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.

Everyone has implicit biases.

- Involuntary and activated without awareness or intentional control
- Develop throughout life and start at a young age
- Feelings and attitudes about other people based on characteristics
- May not align with declared beliefs
- Favors own ingroup
- Can be positive and negative
- Can be unlearned through a variety of debiasing efforts.

# PRIVILEGE

Unearned access to resources (social power) that are only readily available to some people because of their social group membership; an advantage, or immunity granted to or enjoyed by one societal group above and beyond the common advantage of all other groups. Privilege is often invisible to those who have it.

“

It's not about you as an individual. It doesn't describe your individual circumstances. It's not your fault. It's not something you can opt into or opt out. Most importantly, it's not inherently bad. You need not feel bad or guilty. ”

**Kate Burt, PhD, RDN**

A Primer on Privilege in Nutrition and Dietetics, FNCE2020

*Listen to the entire talk:*

<https://youtu.be/OdUpymXs0As>



# PRIVILEGE WALK EXERCISE

	Y	N
My primary language is spoken in most places I go.		
The foods served on a menu in a social setting are often familiar to me.		
Most activities and games offered at congregate nutrition sites are ones I have engaged in before		
In most cases, there are other people of my race/ethnicity sitting at the table.		
I can easily enter any building and not first check for its accessibility. (e.g. ramp or automatic doors)		

[Conduct a privilege walk | Opensource.com](#)



# PRACTICING WITH HUMILITY

## QIAN (humbleness) Model



QUESTIONING



IMMERSION



ACTIVE  
LISTENING



NEGOTIATION

Chang, Simon, Dong, 2012



# CALL TO ACTION

- Become self-aware - take the Implicit Association Test.  
<https://implicit.harvard.edu>
- Strive to build a diverse network of staff, stakeholders and partners
- Consider practicing cultural humility and employing the QIAN Model in interactions in your practice settings
- Be an advocate, ally and/or accomplice to advance the cause of equity, diversity and inclusion at your organization



# RESOURCE LIST

## Implicit Bias

The Look. Video. <https://us.pg.com/talkaboutbias>

How Racism Makes Us Sick. Video.

[https://youtu.be/VzyjDR\\_AWzE](https://youtu.be/VzyjDR_AWzE)

Project Implicit. <https://implicit.harvard.edu/implicit/research>

## Diversity

Online education and in-person workshops and events to build and expand diversity and inclusion in health and wellness environments.

<https://www.diveinwell.com/>

## Privilege

A Primer on Privilege in Nutrition and Dietetics. Video. <https://youtu.be/OdUpymXs0As>

## Cultural Competence

Think Cultural Health. <https://thinkculturalhealth.hhs.gov>



# REFERENCES

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**THANK YOU**

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**Q & A**



# PROVIDING CULTURALLY INCLUSIVE NUTRITION SERVICES TO DIVERSE OLDER ADULTS

SARA SAYE KOENIG, MS, RDN, CD

December 8, 2020

# AGENDA/OVERVIEW

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- Introduction to Wisconsin's aging network structure and demographics
- Poll #1
- Introduction to Wisconsin's approach to addressing equity, diversity, and inclusion (EDI)
- Discuss examples of program areas where EDI might be addressed
- Poll #2
- Closing thoughts
- Resources



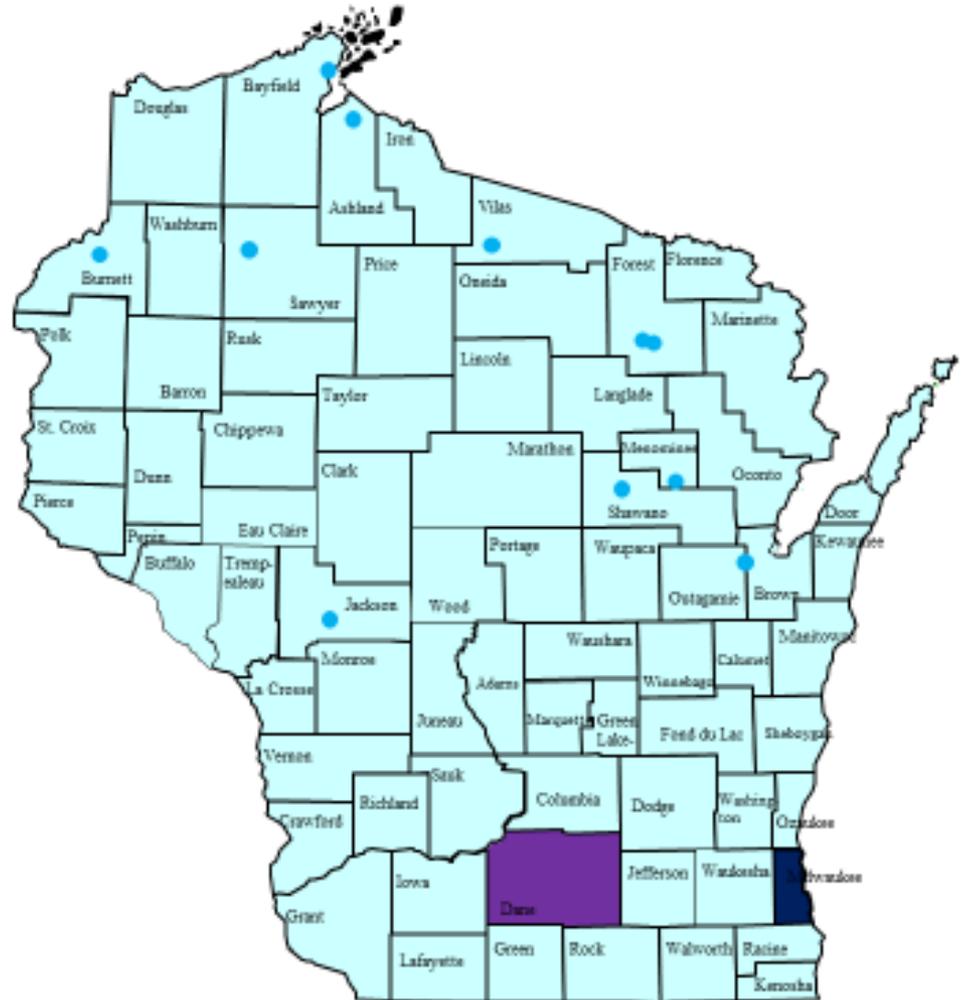
# LEARNING OBJECTIVES

- Summarize the Wisconsin Office on Aging's approach to advancing health equity and addressing systemic racism.
- Identify some of the assumptions, policies and practices in nutrition program services that exclude groups of participants, create barriers for participation, and influence current patterns of inequities.
- Understand the importance of utilizing an “equity lens” in the development and implementation of nutrition programs.



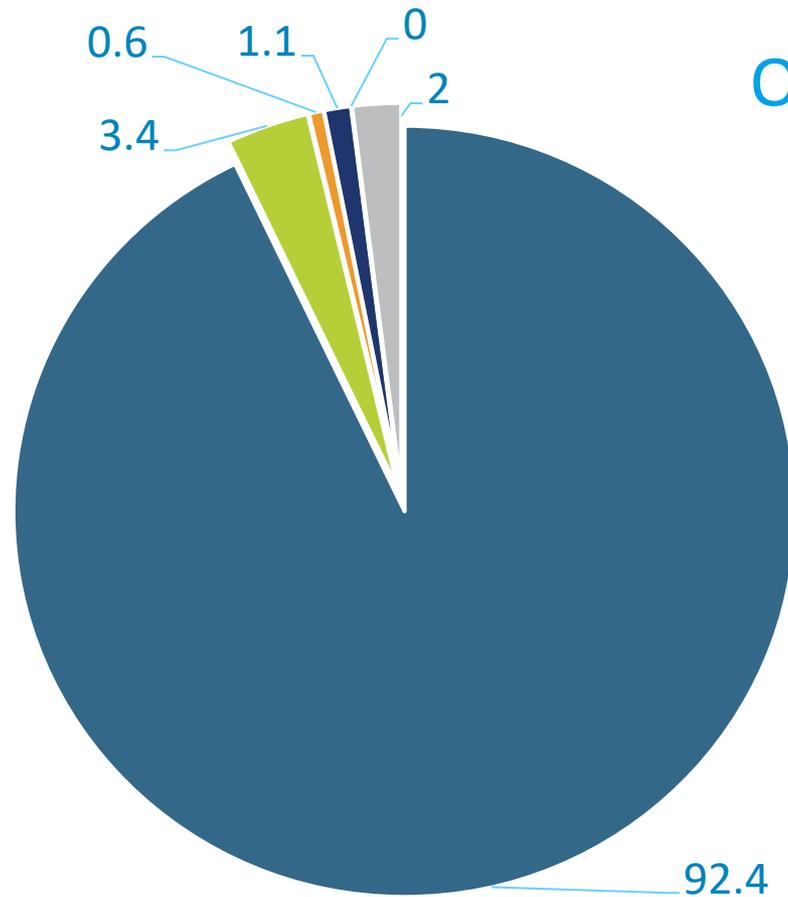
# INTRO TO WISCONSIN (1)

- 72 counties
- 11 federally recognized tribal nations
- 3 AAAs



# INTRO TO WISCONSIN (2)

## Older Adults 60+



■ White ■ Black ■ Native American ■ Asian ■ Native Hawaiian ■ Hispanic/Latino



# Wisconsin named most unequal state in country



Source: Thinkstock

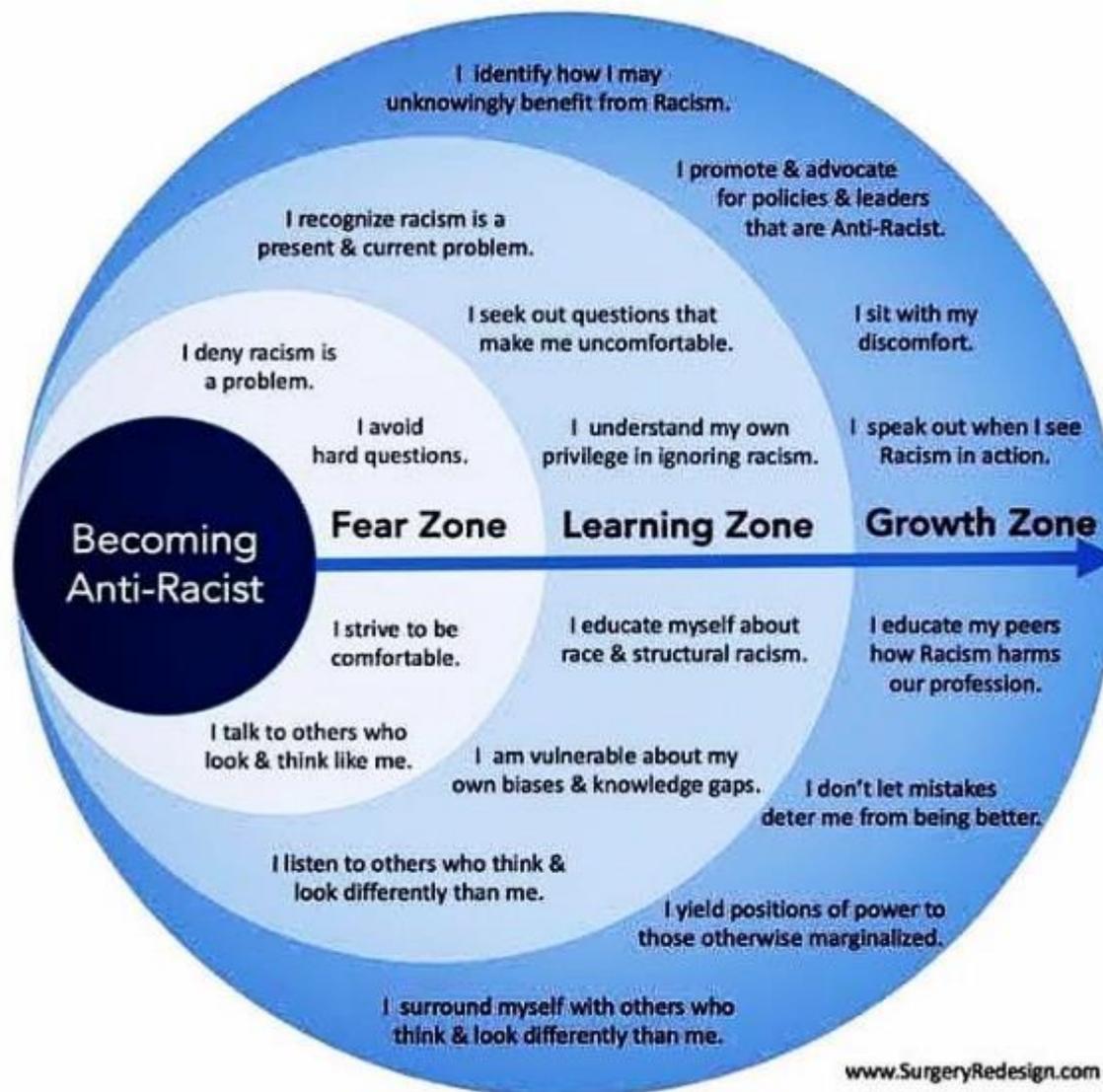
## 1. Wisconsin

- > **African American population:** 6.2% (24th smallest)
- > **Median household income:** \$29,223 (black), \$59,056 (white)
- > **Unemployment rate:** 10.6% (black), 3.8% (white)
- > **Homeownership rate:** 26.2% (black), 71.6% (white)
- > **Incarceration rate (per 100,000):** 2,542 (black), 221 (white)

Website 24/7 Wall Street



# EXPAND UNDERSTANDING OF HEALTH

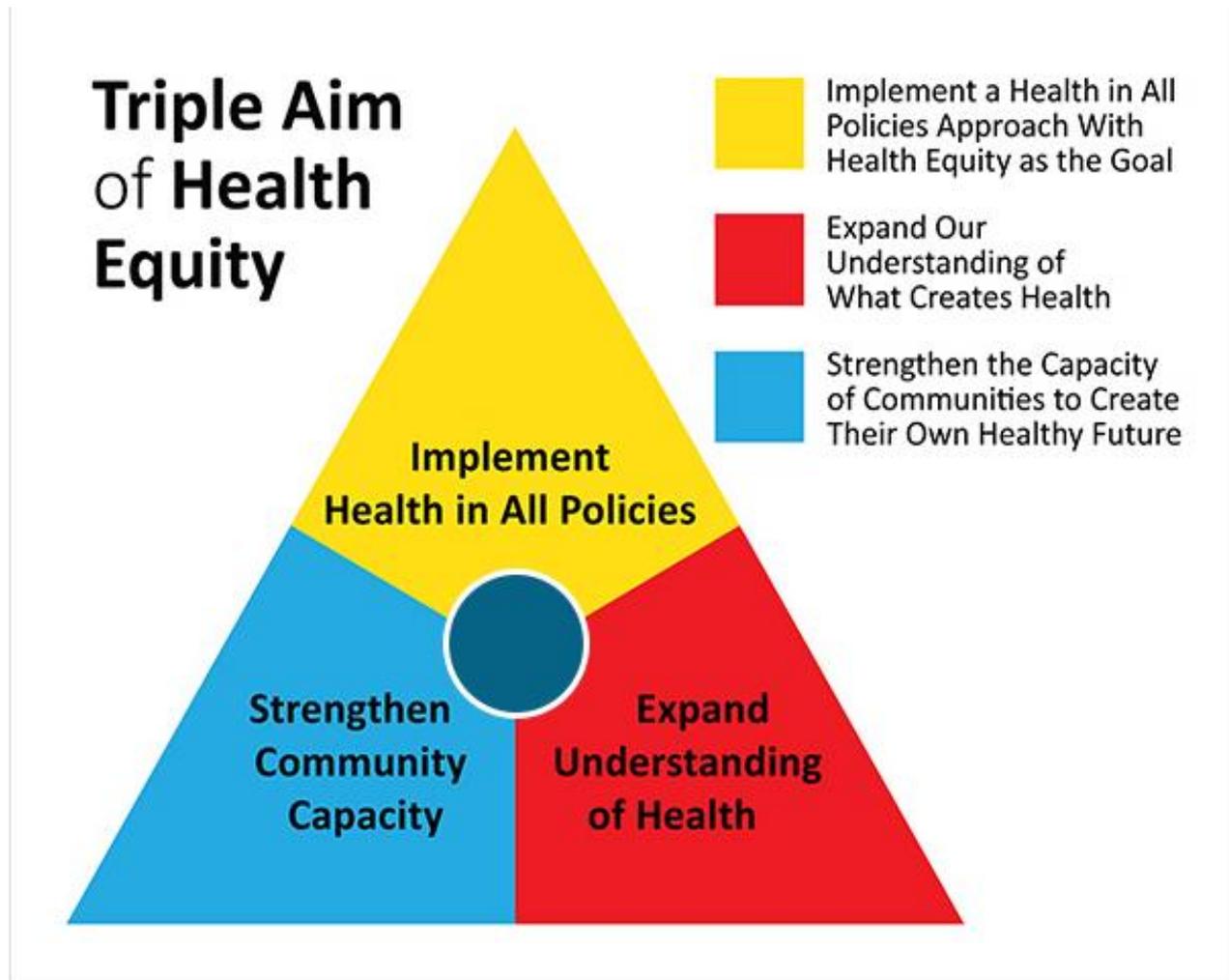


# POLL #1: WHERE ARE YOU ON YOUR JOURNEY?

- A. Haven't identified this as an issue to work on yet.
- B. Have identified this as an issue to work on but are unsure how to start
- C. Learning about equity and racism and beginning to dig into how it relates to my nutrition program and participants.
- D. Identifying internal and external policies, procedures, and practices that might perpetuate inequities.
- E. Most or all of our policies and procedures are created and implemented with equity in mind.

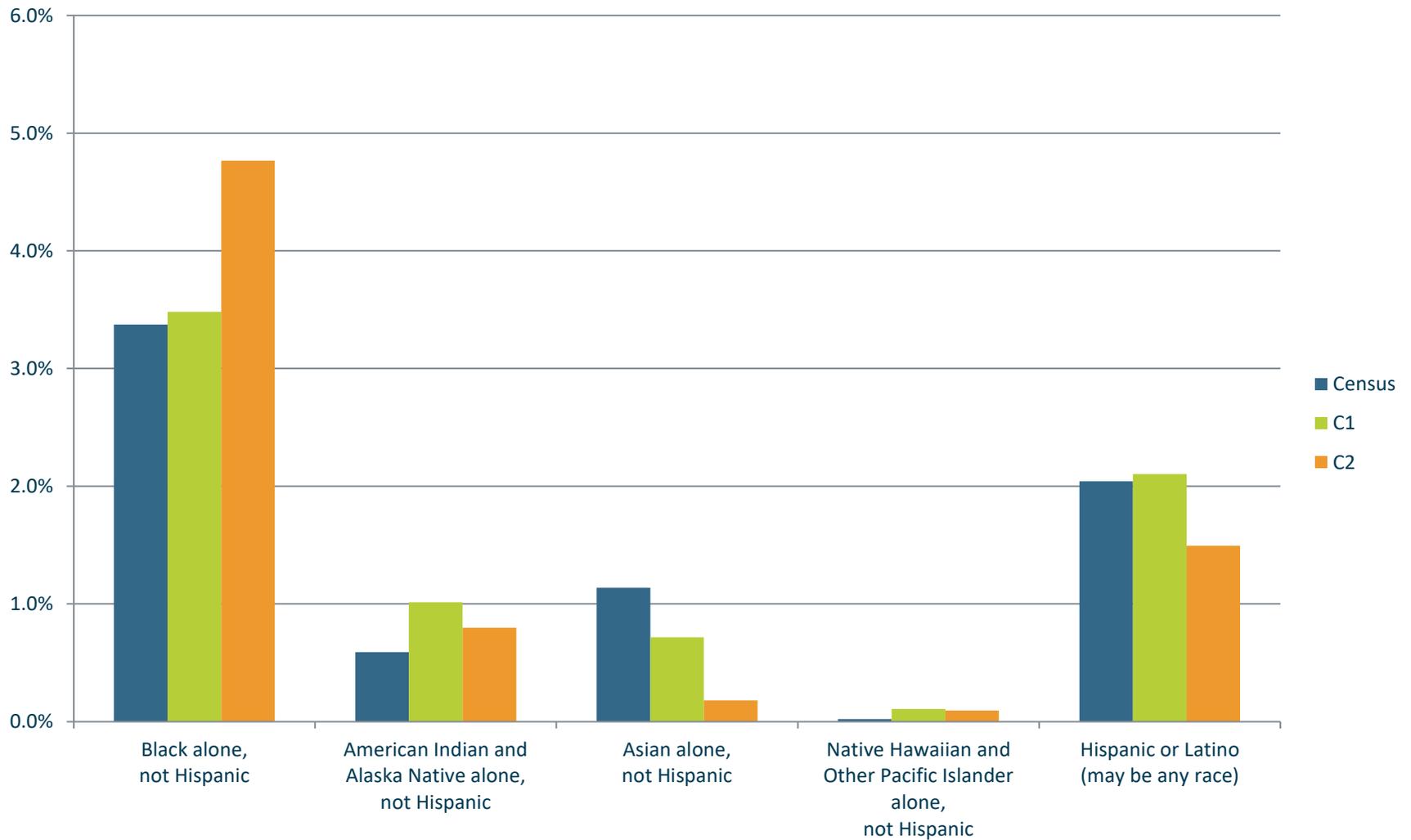


# WISCONSIN'S APPROACH



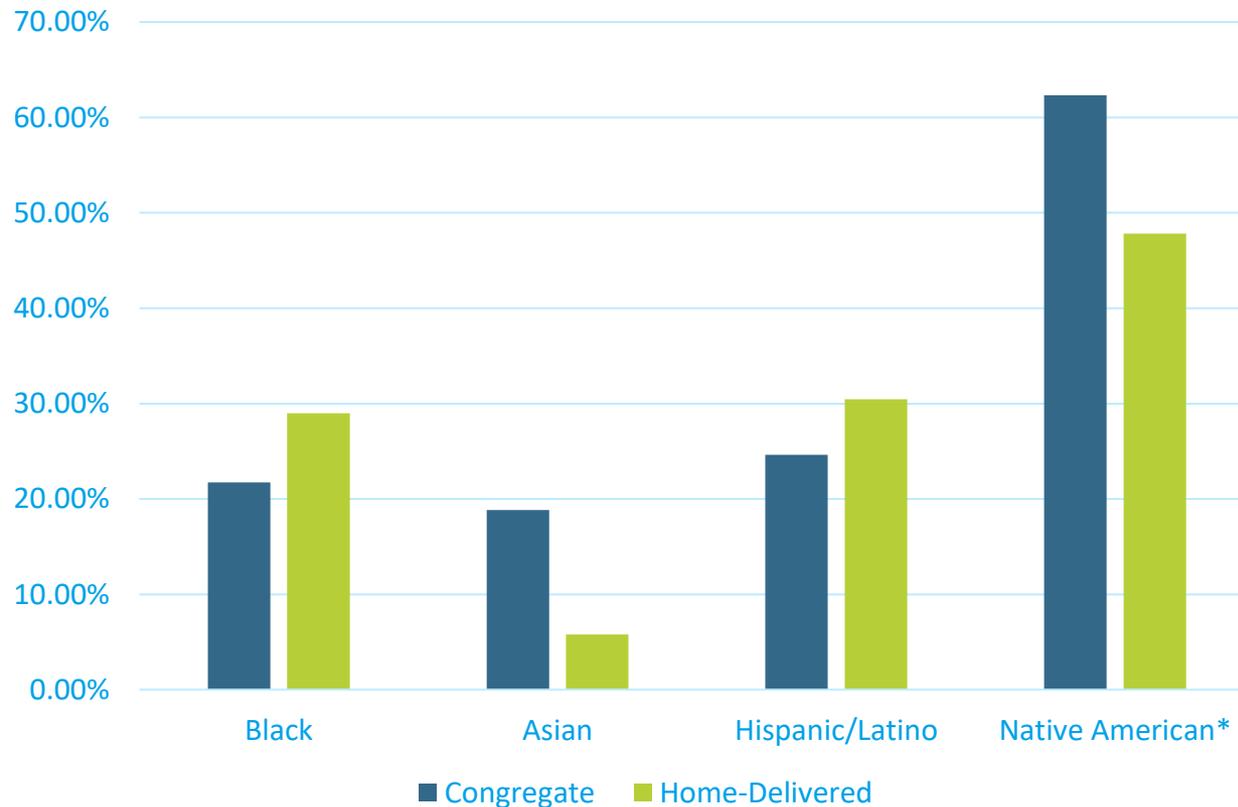
Source: [Association of State and Territorial Health Officials](#)

# WISCONSIN EQUITY PROFILES



# NUTRITION PROGRAM PARTICIPANTS VS. CENSUS

How many county nutrition programs have program participation that aligns with or exceeds census percentages for non-white population?



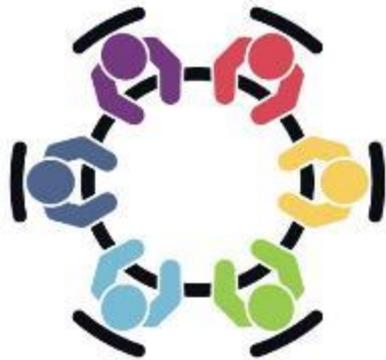
# POLICIES AND PRACTICES (1)



## POLICIES AND PRACTICES (2)



# POLICIES AND PRACTICES (3)



## POLL #2: WHAT IS YOUR MOST SIGNIFICANT CHALLENGE?

- A. My organization's culture or the culture of partner organizations is not on board or prepared to address EDI.
- B. I don't have the resources (i.e. time, knowledge) to address EDI.
- C. I struggle with creating or modifying program policies and procedures to address EDI.
- D. None of the above: I am challenged in other ways to address EDI.
- E. None of the above: I'm not struggling with addressing EDI in my program.



# TAKE HOME MESSAGE

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- Recognize that this work is difficult and imperfect.
- Continue to learn about concepts.
- Commit to addressing structural and racial inequities.
- Think differently about the work.
- Be an ally and partner with communities experiencing the greatest inequities.
- Seek out opportunities to listen and learn.



# CALL TO ACTION



**Accessibility is being able to get in the building. Diversity is getting invited to the table. Inclusion is having a voice at the table. Belonging is having your voice heard at the table!**



# RESOURCE LIST

[County Health Rankings—Robert Wood Johnson Foundation](#)

[Mobilizing Action Toward Community Health \(MATCH\)](#)

[Policy Evaluation Tool](#)

[Showing Up for Racial Justice - Characteristics of White Supremacy Culture](#)

[Executive Order 59](#)

[Executive Order 17](#)

[Declarations of Racism as a Public Health Issue](#)

[Milwaukee County Racial Equity Framework](#)



**THANK YOU**

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**Connect and  
Converse with Us:  
December 17, 2020**



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**Thank You!**