

Providing Culturally Sensitive Nutrition Care: The Power of Humility in Practice Webinar

Live Webinar: September 25, 2025 (2:00-3:00 pm ET). Convert to your own [time zone](#).

Professional Approvals

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Live Webinar: Providing Culturally Sensitive Nutrition Care: The Power of Humility in Practice awards 1.25 CPEUs in accordance with the Commission on Dietetic Registration CPEU Prior Approval.



Recorded/Enduring Webinar Providing Culturally Sensitive Nutrition Care: The Power of Humility in Practice awards 1.25 CPEUs in accordance with the Commission on Dietetic Registration CPEU Prior Approval.

Intended Audience: RDNs and NDTRs	CPEUs	CDR Level	CDR Activity Type	CDR Activity Number	Expiration Date
Live Webinar	1.25	2	189550	172	8/12/26
Recorded/Enduring	1.25	2	189551	741	8/12/28
Suggested CDR Performance Indicators: 1.7.2, 1.7.4, 2.1.1, 2.1.4					
Note: Numerous other Performance Indicators may apply.					
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Providing Culturally Sensitive Nutrition Care: The Power of Humility in Practice

Today's Webinar



Program Length

- 60 minutes

Handouts

- Live: Available on our website and posted in the Go To Webinar System
- Recording: Available on our website with the recording

Questions

- Live: Use GoToWebinar to ask questions
- Recording: Email info@beckydorner.com


Credit Hours/Certificate

- Please refer to handouts for details

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Melinda Boyd, DCN, MPH, MHR, RD, FAND

- Military spouse, lived abroad 9 years
- Distance faculty, Cedar Crest College; adjunct faculty at multiple universities
- Leadership roles with International Affiliate of AND
- Served 2 years on the Academy's IDEA Committee
- Current member of the ADCES Inclusion Council
- Past-Chair of the Cultures of Gender and Age MIG
- Active in SC AND; currently State Policy Representative
- Internationally recognized speaker on culturally appropriate care, and inclusive language



Disclosures: Dr. Boyd discloses she has held/holds various volunteer positions and is Editor-in-Chief, Nutrition Care Manual (Education, Client Education), however, she certifies that no conflict of interest exists for this program.
The planning and development team for this activity has no relevant financial or non-financial relationships to disclose.

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**Providing Culturally Sensitive Nutrition Care:
The Power of Humility in Practice**

Melinda Boyd, DCN, MPH, MHR, RD, FAND
Becky Dörner & Associates, September 2025

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Providing Culturally Sensitive Nutrition Care: The Power of Humility in Practice

At the end of this presentation, attendees will be able to...

1. Identify	2. Understand	3. Describe	4. Develop
Identify ways to personally develop cultural humility	Understand how to incorporate a patient's cultural beliefs into evidence-based practice	Describe the role of culturally appropriate care as a tool to support health equity	Develop strategies to implement culturally appropriate care in their own practice

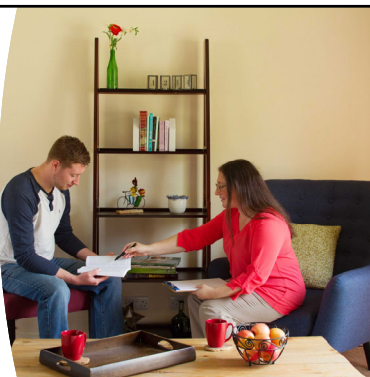
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Background

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Personal Journey

- Military Spouse abroad for 9 years
- RDN experience in US, Japan, and the UK
- Leadership roles with the International Affiliate of the Academy of Nutrition and Dietetics
- IDEA Committee Member
 - Academy of Nutrition and Dietetics
 - ADCES

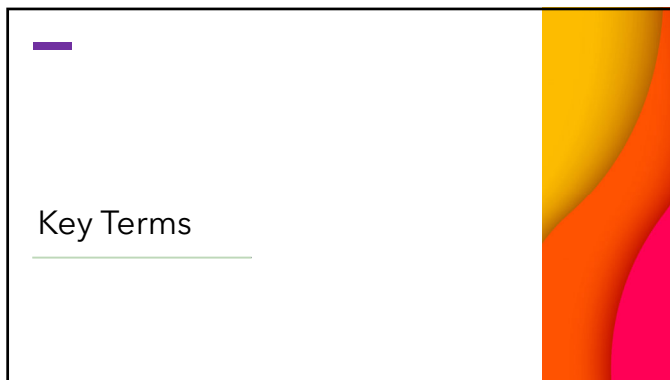


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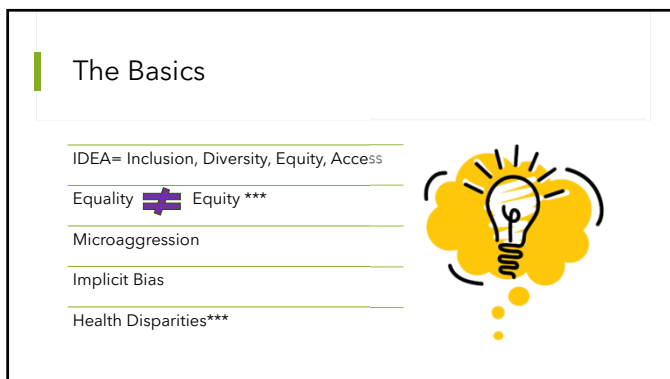
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Culture

- Heritage
- Identity
- Food, language, art, clothing, music, holidays
- Not just geographic
- Shared beliefs and values
- Religion
- Hobbies

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Cultural...

Competence

Awareness

Humility

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Culturally Appropriate Care

"Culturally appropriate care (also called 'culturally competent care') is sensitive to people's cultural identity or heritage. It means being alert and responsive to beliefs or conventions that might be determined by cultural heritage."

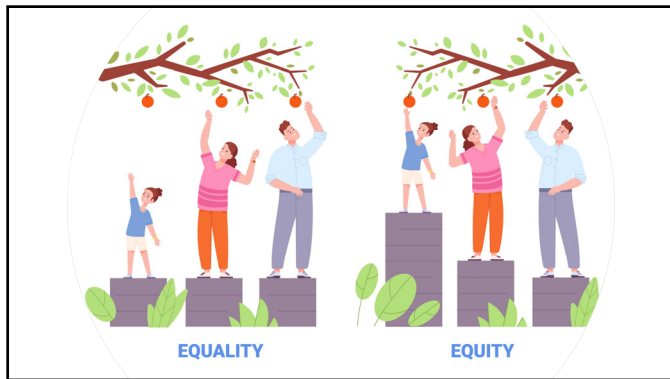
-UK Care Quality Commission
<https://www.cqc.org.uk/guidance-providers/adult-social-care/culturally-appropriate-care>

Also called culturally relevant or culturally competent care



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Health Equity

- Everyone has the same opportunity to achieve positive health outcomes
- Access to services and available resources play a role
- Minimizing provider bias
- Offering tools that are appropriate for each patient on an individual level
- Sphere 2 of Essential Practice Competencies
- RDNs play a central role in health equity due to unique position advising about food intake related to health goals

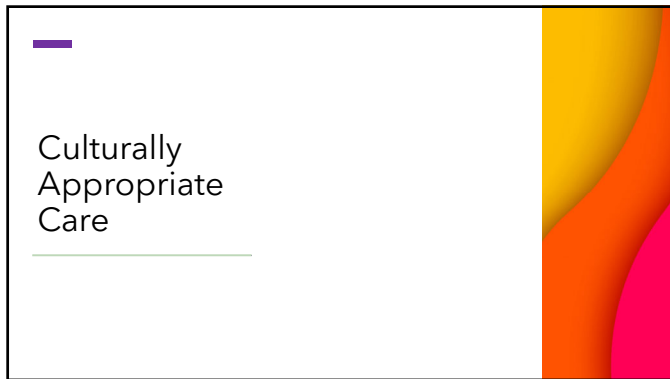
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Health Disparities

- ✓ Differences in health or health outcomes
- ✓ Incidence or prevalence greater or lesser than another group
- ✓ Can occur with disease risk, severity, and mortality
- ✓ May be due to race, ethnicity, gender, sexual orientation, geography, socioeconomic status, education level, disability, age
- ✓ May also be due to structural or social inequalities

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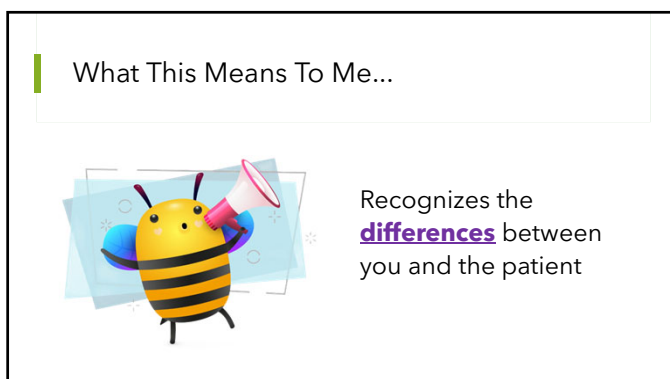
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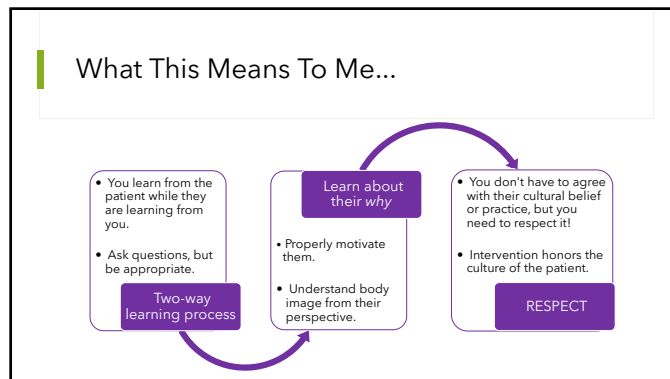


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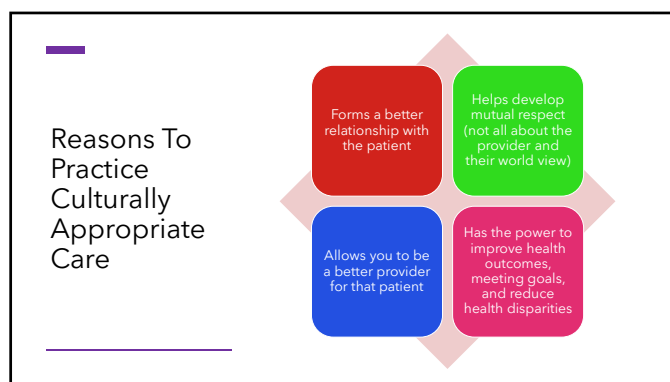


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Let's Consider

1. Hispanic male looking to reduce risk of CVD
2. Chinese American female with diabetes looking to control her glucose through diet
3. African American male with HTN seeking to become healthier
4. Female from the Midwest who grew up on a ranch with elevated LDL cholesterol

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Putting it into Action

Skill Building



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Culturally Appropriate Care Toolbox

- Identify which cultures are most likely represented within your patient population
- Identify your own bias
 - Journal/reflect after counseling a patient who is different from you
- Learn a little about a lot of cultures
 - Avoid stereotypes!

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Culturally Appropriate Care Toolbox



Visit

Visit local culture specific grocery stores

- Investigate products
- Check out labels
- Purchase foods to try at home



Ask

Don't be afraid to ask questions

- Do they have pictures of foods they cook/eat?
- It's ok to pause and research common foods they may be consuming



Talk

Gain experience talking with people who are different from you

- Builds confidence
- Identify Bias

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Culturally Appropriate Toolbox

Recognize	Recognize harmful stereotypes of foods from different countries <ul style="list-style-type: none">• Foods consumed in "ethnic" restaurants likely aren't the traditional foods cooked at home• Don't use negative terms to describe foods
Adapt	Adapt your materials to accommodate the patient's culture <ul style="list-style-type: none">• Help them identify where traditional foods fit on the American MyPlate model• Use culturally relevant education tools
Learn	Learn a few basic words in the languages you will encounter most often <ul style="list-style-type: none">• Politeness goes a long way!• Food words are helpful

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Culturally Responsive Interviewing

- Create a safe space
- Explain your role and remind them you are not there to judge
- Use inclusive language
- Establish rapport - Be prepared!
- Explain how collected information will help you provide an appropriate intervention
- Ask permission to talk about sensitive issues
- Recognize that they have different lived experiences
- LISTEN!



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Position Specific Implementation

Clinical Manager <ul style="list-style-type: none">• Train your clinicians on use of available language tools• Identify areas in the medical record where culture related information can be found• Poor intake may be due to lack of culturally appropriate foods on menu• Journal club	Educator <ul style="list-style-type: none">• Diversity in case studies• Teach NFPE with race/ethnicity in mind• Course related to food and culture• Teach how to modify and adapt MNT• Encourage attendance at diversity focused webinars
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Culturally Appropriate Care in LTC Facilities

- Decreased appetite with aging may be due to lack of familiarity with foods
- Area of opportunity for LTC dietitians
 - Consider your patient population(s)
 - Compare cultural foods with those currently on the menu
 - Are there brands that resonate with residents?
- Don't ignore the role of culture!

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Let's Reconsider

1. Hispanic male looking to reduce risk of CVD (*Mediterranean diet*)
2. Chinese American female with diabetes looking to control her glucose through diet (*change from white to brown rice*)
3. African American male with HTN seeking to become healthier (*salmon/grilled chicken, broccoli, brown rice/quinoa*)
4. Female from the Midwest who grew up on a ranch with elevated LDL cholesterol (*vegetarian*)


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Conclusion

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Combining Culturally Appropriate Care and Evidence-Based Practice



- ✓ Patient care should always be individualized
- ✓ MNT based on current evidence
 - o EAL, other guidelines
 - o Consider the sample population from studies
 - o Can that evidence be applied in your patient population?
 - o Use professional judgement
- ✓ Adapt the evidence to fit your client's beliefs
 - o Use their traditional foods when making meal suggestions
 - o Mediterranean diet example
- ✓ Approach guidelines in ways that make sense to the patient

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Culturally Appropriate Care = Ethical Care

From the Code of Ethics for the Nutrition and Dietetics Profession

- "Act in a caring and respectful manner, mindful of individual differences, cultural, and ethnic diversity."
- "Participate in and contribute to decisions that affect the well-being of patients/clients"
- "Communicate at an appropriate level to promote health literacy."
- "Collaborate with others to reduce health disparities and protect human rights."

<https://www.eatrightpro.org/practice/code-of-ethics/code-of-ethics-for-the-nutrition-and-dietetics-profession>

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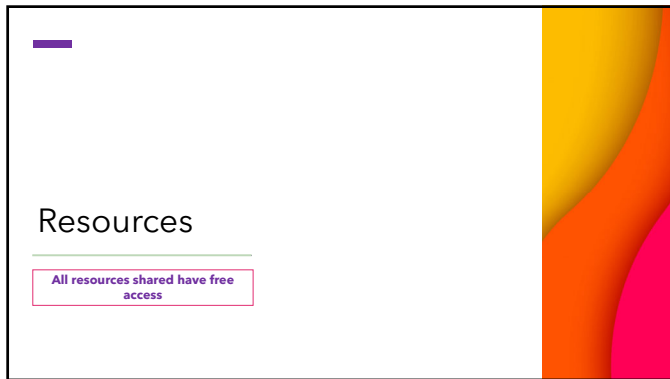
YOU...

have the power to make a difference in the health outcomes of your patients...it starts with delivering care that honors and respects the culture of your patient

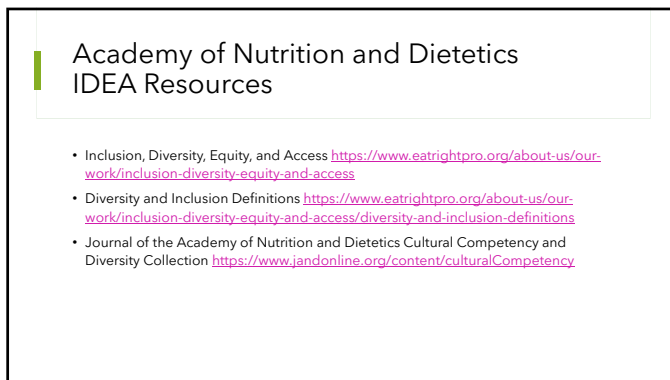


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Food-Based Dietary Guidelines

<https://www.fao.org/nutrition/education/food-based-dietary-guidelines>

Food-based dietary guidelines - Japan

Official name

Dietary guidelines for Japanese (Japanese: 食生活指針)

Publication year

The Dietary guidelines for Japanese were launched in 2005. The Japanese food guide spinning top (Japanese: 食生活のつりこぎ) was published in 2005 and revised in 2015.

Process and stakeholders

The guidelines were developed by the Ministry of Education, Science and Culture, the Ministry of Health and Welfare, and the Ministry of Agriculture, Forestry and Fisheries with the aim of promoting better dietary patterns.

The Japanese food guide spinning top was created as a food and nutrition education tool to help promote positive healthy eating. The content of the Japanese food guide spinning top, combined with the concept of the Dietary Reference Intake for Japanese (DRIs), in which the food guide is based.

Intended audience

The Japanese guidelines are directed at the healthy general public.

Food guide

The Japanese food guide spinning top is designed to resemble the well-known traditional Japanese top. It is a rotating inverted cone divided from the top down into four groups: grains, protein, vegetables and fruits. The order of the food groups is given by the recommended daily servings. At the top there are grain-based dishes (rice, bread, noodles and pasta), followed by vegetable-based dishes (including salads, cooked vegetables and soups), and fish, eggs and meat dishes. At the bottom are oils and fats. A Japanese saying on top of the spinning top represents the importance of doing physical activity regularly to enjoy good health. The guide also recommends drinking plenty of water or tea, and to moderate consumption of highly processed snacks, confectionery and sugar-sweetened beverages.

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Resources

- What is cultural humility? The basics. <https://inclusion.uoregon.edu/what-cultural-humility-basics#:~:text=%E2%80%9CCultural%20humility%20involves%20an%20ongoing,beliefs%2C%20customs%2C%20and%20values>
- Culturally Responsive Care, Executive Report (Colorado) https://unitedstatesofcare.org/wp-content/uploads/2024/03/FINAL_CRC-Report_Executive-Summary_3.27.24.pdf
- Examples of Culturally Appropriate Care (UK) <https://www.cqc.org.uk/guidance-providers/adult-social-care/examples-culturally-appropriate-care>
- Culturally Responsive Evaluation and Treatment Planning (mental health counseling example) <https://www.ncbi.nlm.nih.gov/books/NBK248423/>

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Resources: Bias and Language

- Examples of Microaggressions <https://www.nea.org/sites/default/files/2021-02/Examples%20of%20Microaggressions.pdf>
- Reducing stigma when talking to patients about weight <https://uconnruddcenter.org/wp-content/uploads/sites/2909/2020/11/Reducing-Stigma-Talking-to-Patients.pdf>
- Ableist Language and Phrases You May Unknowingly Use <https://wid.org/ableist-language-phrases-that-you-may-unknowingly-use/>
- Speaking the Language of Diabetes https://www.adces.org/docs/default-source/handouts/culturalcompetency/handout_hcp_cc_diabeteslanguage.pdf?sfvrsn=4a3a6359_25#:~:text=Avoid%20using%20a%20disease%20to%20describe%20a%20person.&text=Person%2Dfirst%20language%20puts%20the%20person%20first.&text=Avoid%20labeling%20someone%20as%20a,to%20a%20person%20than%20diabetes
- American Psychological Association: Bias-free Language <https://apastyle.apa.org/style-grammar-guidelines/bias-free-language>

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