



Cooking Up Change:

DEIB Principles as Key Ingredients in Nutrition and Culinary Medicine Education

Melinda Ring; David Ai, Geeta Maker-Clark, Raeanne Sarazen

DIETARY RISK FACTORS

- Tobacco Use
- High blood pressure
- High BMI
- High blood sugar
- High cholesterol
- Kidney disease
- Alcohol & drug use
- Pollution
- Low physical activity
- Occupational risks
- Unsafe sex
- Unsafe water & sanitation

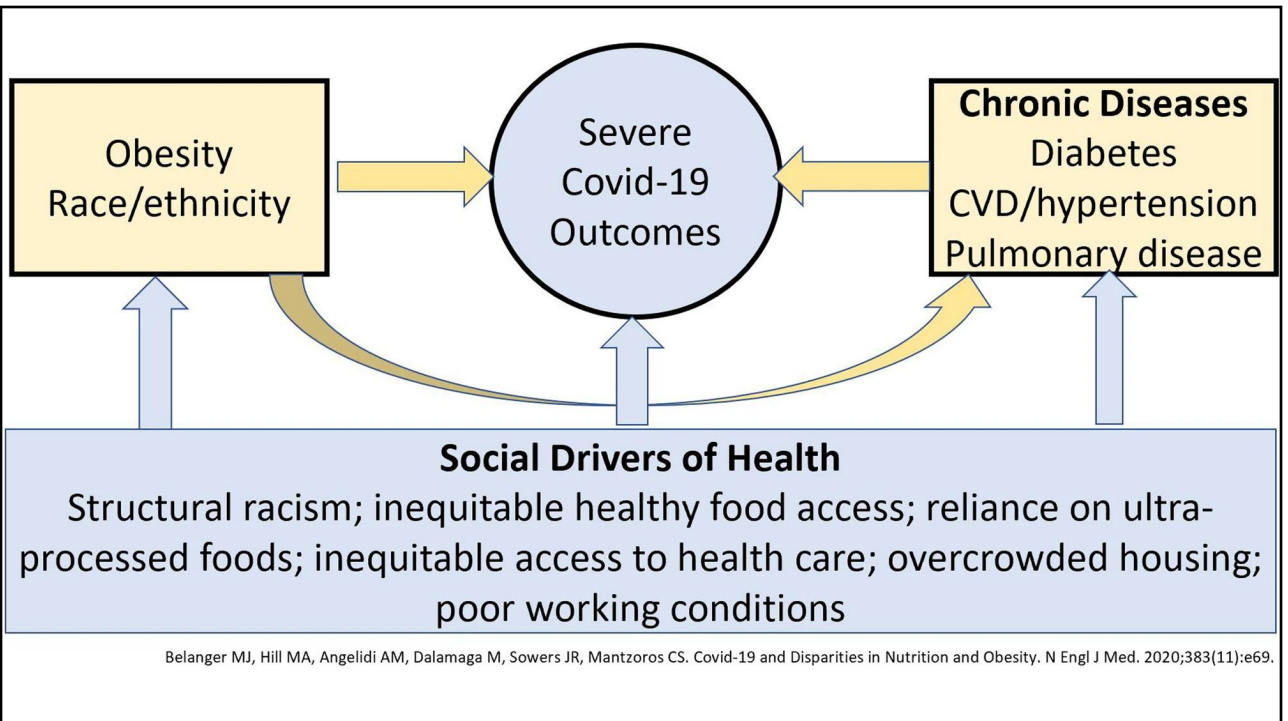
**#1
CAUSE OF
PREMATURE DEATH
IN THE US**



“...improvement of **diet** could potentially **prevent 1 in every 5 deaths** globally”



GBD 2017 Diet Collaborators. Lancet. 2019 May 11;393(10184):1958-1972.



Belanger MJ, Hill MA, Angelidi AM, Dalamaga M, Sowers JR, Mantzoros CS. Covid-19 and Disparities in Nutrition and Obesity. N Engl J Med. 2020;383(11):e69.

Recent Developments:

- **Government**
 - White House Challenge to End Hunger and Build Healthy Communities
 - Bipartisan house resolution urging medical schools, residency, and fellowship programs to elucidate the link between diet and disease through education on nutrition
- **Medical associations**
 - AMA policy shift, acknowledging the historical harm associated with using BMI as a measurement tool
- **Medical education organizations**
 - Summit on Medical Education in Nutrition; convened by ACGME (Accreditation Council for Graduate Medical Education), AACOM (American Association of Colleges of Osteopathic Medicine), and AAMC (Association of American Medical Colleges)

Recent Developments:



Government

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- Bipartisan house resolution H.Res.1118



Medical Associations

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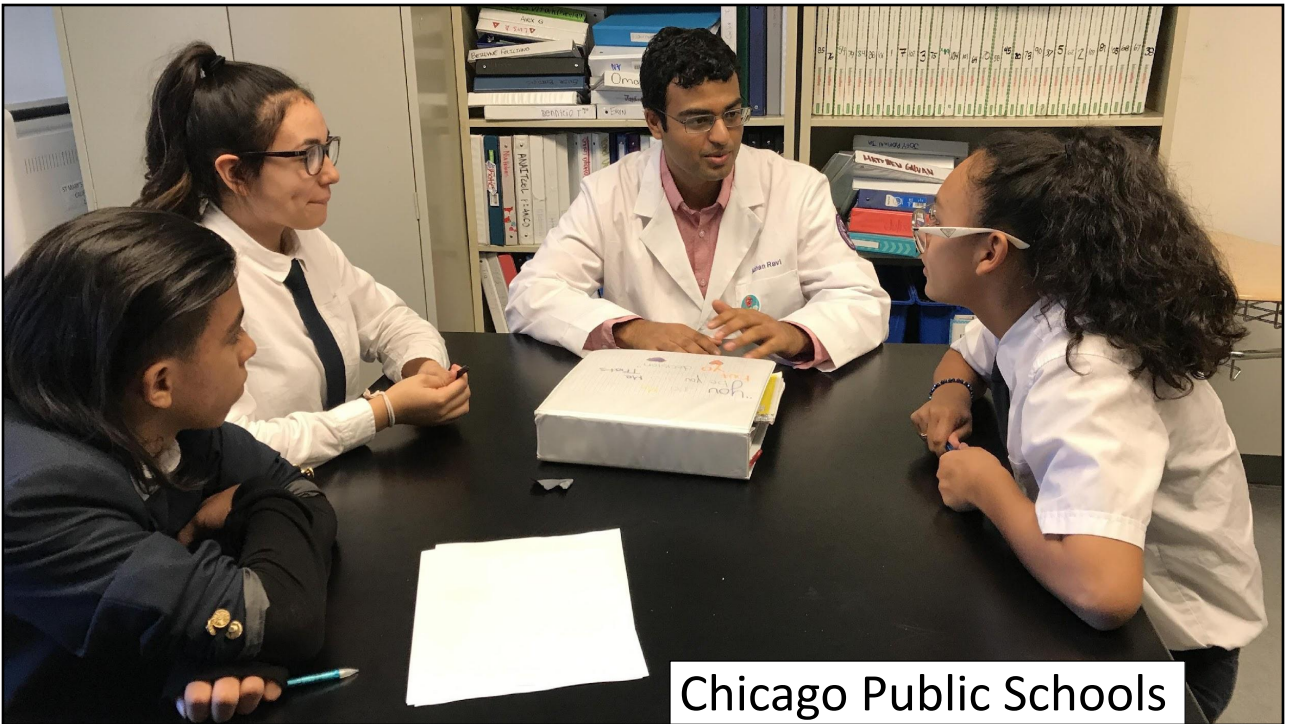


Med Ed Organizations

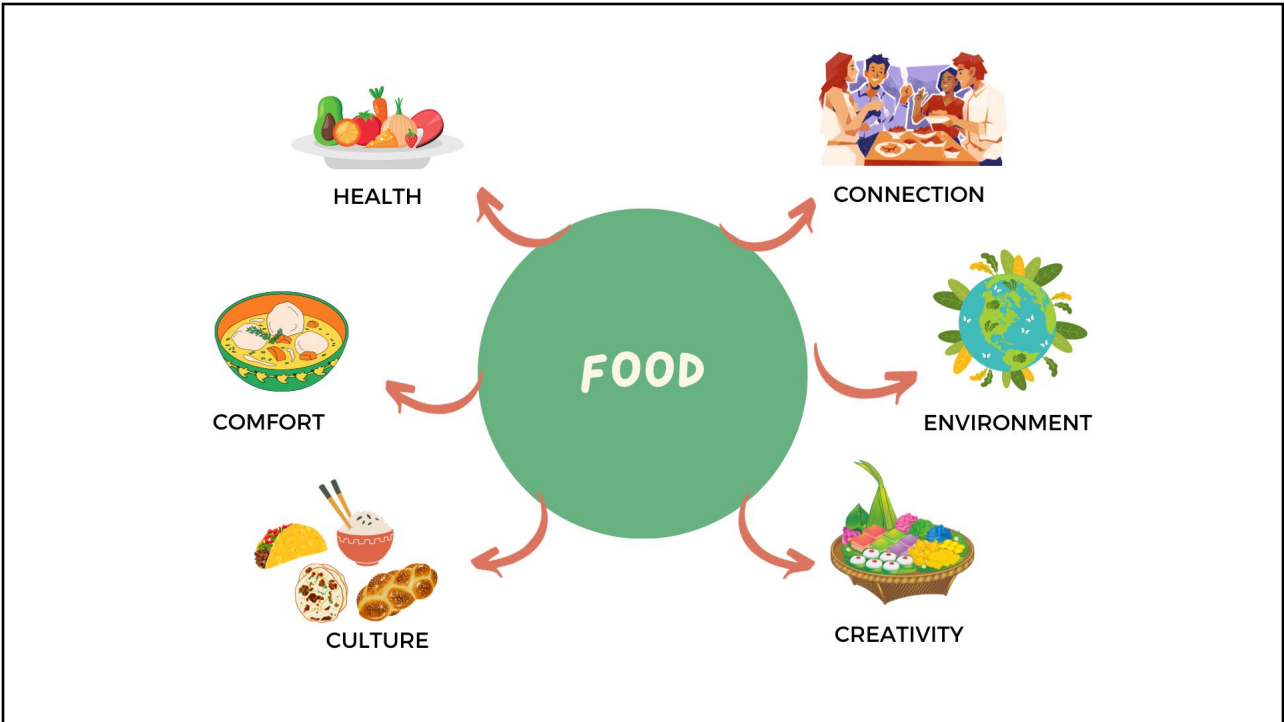
- Medical Education in Nutrition Summit convened by ACGME, AACOM, and AAMC



Northwestern Osher
Cooking Up Health Elective

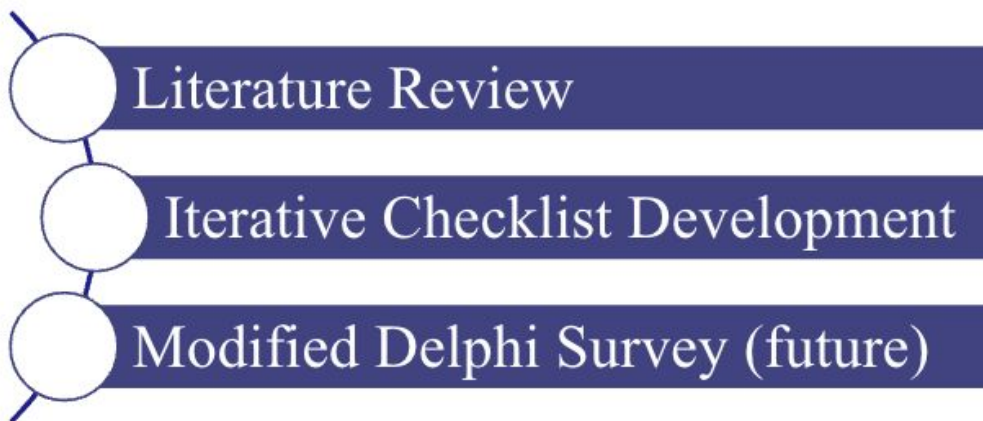


Chicago Public Schools



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Checklist for Culturally Competent Education in Nutrition



DEIB in Nutrition Content

- Health Equity
- Language
- Cultural Humility
- Representation



DEIB in Recipes & Cooking

- Cultural Representation & Respect
- Accessibility
- Dietary Inclusion
- Language Sensitivity



DEIB in Curriculum Delivery

- Safe Space for Dialogue
- Goal Setting and Evaluation
- Continuous Improvement
- Instructional Methods/Accessibility

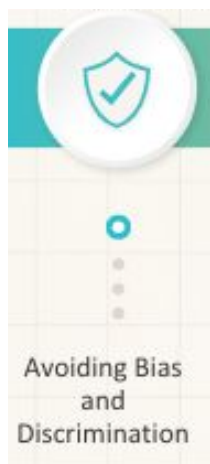
3 TIERED APPROACH TO CULTIVATE CULTURAL COMPETENCE IN NUTRITION



Avoiding Bias
and
Discrimination

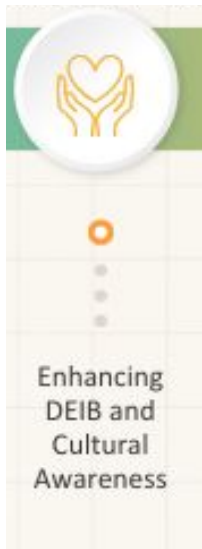
Enhancing
DEIB and
Cultural
Awareness

Building Skills for
DEIB
Implementation



Tier 1: Avoiding Bias and Discrimination –

This foundational step focuses on the **identification and elimination of any existing biases or discriminatory practices within the curriculum.**



Tier 2: Enhancing DEIB and Cultural Awareness –

Building upon the first tier, this phase emphasizes the **integration of diversity, equity, inclusion, and belonging principles into the teaching and learning experience.**



Tier 3: Building Skills for DEIB Implementation –

The final tier is geared towards **actively developing the practical skills needed to implement DEIB principles in a professional healthcare setting.**

EXAMPLE OF CHECKLIST ITEMS
DEIB IN CONTENT: HEALTH EQUITY

Tier 1	Ensures that the educational content remains objective and inclusive , reflecting a diverse array of dietary practices and cultural norms rather than individual biases.
Tier 2	Teaches health professionals to consider social determinants that influence patients' food choices and access.
Tier 3	Empowers learners with specialized knowledge to address the unique dietary needs and health challenges of specific populations , including ethnic minorities, immigrants, and low-income communities.



Article

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Abstract: The integration of diversity, equity, inclusion, and belonging (DEIB) principles into healthcare education is essential to ensure culturally sensitive and equitable healthcare delivery. In the domain of nutrition, food, and health, these principles are particularly vital, as diet and food choices are strongly linked to cultural identities and socioeconomic conditions. Despite a growth of DEIB initiatives in undergraduate and graduate medical education, there is a significant gap regarding guidelines for implementing DEIB principles in education around nutrition and food, including that for dietitians, allied health and medical professionals. A literature review was conducted, analyzing peer-reviewed articles and current practices in academic medical education to understand DEIB in nutrition, food, and health. The outcome was the creation of a three-tiered checklist titled "Checklist for Culturally Competent Education in Nutrition". It serves as a roadmap to cultivate culturally competent, equitable, and inclusive healthcare professionals that emphasizes avoiding bias, enhancing awareness, and building practical skills for DEIB implementation around nutrition.

Keywords: diversity; equity; inclusion; belonging; nutrition education; cultural competence; culinary medicine; medical education; culturally sensitive care



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