

2024 ACIMH Congress
Thursday April 11
11:15 - 12:15 EST



Nourishing Equity: *Innovations and Perspectives in Integrative Nutrition Curriculum*

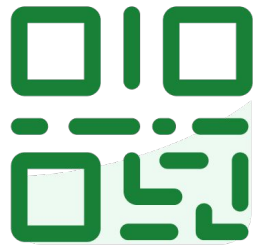
Melinda Ring, Northwestern University
Vincent Minichiello, University of Wisconsin
Iman Majd, University of Washington
Darshan Mehta, Harvard Medical School
Elizabeth Walsh, Vanderbilt University

Osher Collaborative for Integrative Health

Learning Objectives

1. Gain insights into **innovative approaches to curriculum delivery** through an equity lens.
2. Understand the importance of incorporating a **DEIB perspective in nutrition curriculum.**
3. Learn about the **significance of traditions and community cultural events in promoting equity** in food availability and resource access.
4. Explore the **evolution of traditional diets and their accessibility** across various cultural backgrounds.
5. Discuss strategies to address **weight and size bias** in medicine.

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#3256785

1. Innovative approaches to curriculum delivery through an equity lens

Vinny Minichiello, MD, ABoIM



Acknowledgement and Gratitude

Drs. David Rakel, Adam Rindfleisch, and Greta Kuphal - the lineage of Integrative Health fellowship directors at University of Wisconsin-Madison

Drs. Sara Arscott and Suhani Bora - co-creators of a re-imaged fellowship curriculum

Our Integrative Health Fellows - past and present - who have defined the evolution of our curriculum, program, and entire Osher Center

University of Wisconsin-Madison Academic Integrative Health Fellowship



Unit 5 Nutrition Modules

Modules 1-3: What To Eat: Whole Foods and
Macronutrients

Module 4: Micronutrients, Nutrition
Assessment, Deficiencies

Module 5: Minerals

Module 6: Types of Diets and Nutrition
Clinical Tools



Unit 5, Modules 1-3 Learning Objectives

1. **General Assignments** – Familiarize yourself with popular nutrition books, movies, textbooks, conferences, and websites
2. **Research, Trends, and Guidelines** - Hot General Topics in Nutrition - Become familiar with some important nutrition research, trends, and guidelines
3. **Healthy Eating Recommendations** - Enhance your ability to make healthy eating recommendations based on 16 key nutrition topics.

Reimagination Intentions

- 1. Apply an equity lens**
 - 2. Reassess scope and practical applications**
 - 3. Evidence-Informed**
 - 4. Board preparation & Alignment with Core Competencies**
- 
- A camera lens is positioned in the center of the frame, resting on a sandy beach. The lens is oriented horizontally, and its circular opening provides a clear view of the ocean and a cloudy sky. The lens has a metallic finish and several screws are visible around its perimeter. The background is a soft-focus landscape of a beach and sea under a bright sky.

What is an Equity Lens?

Our working definition:

A way of understanding and structuring personal and collective action that is grounded on (1) recognition of the systemic practice and consequences of the *differential valuation of people across seeming differences*, the ways in which these lead to gaps in the ability of specific groups to live and thrive, and which (2) is committed to creating the conditions that allow all people to flourish.

Dr. Scarlet Soriano, Consortium Symposium
Chicago, 2023



Image source:

<https://healthystpete.foundation/news/announcing-visions-of-health-equity-a-community-art-project/>

Why Apply an Equity Lens?

- Accessibility to Integrative Health
- Improve quality of care for all people
- Acknowledge harm caused by cultural misappropriation, striving towards HEAR (humility, exchange, appreciation and respect) (IM4US statement on Cultural Misappropriation)
- Following best practices detailed by organizations including AAMC, Veterans Health Administration, World Health Org.
- Interrupting systemic inequities requires policy-level change

How to Apply an Equity Lens?

I-HEART=

Integrative Health Equity
and Anti-Racism Tool

(submitted for publication)



VISIBLE ELEMENTS (Leaves and stems)

These are the most observable elements of an integrative health teaching program, those that may be seen, heard, or experienced, such as:

- **Language:** Utilizing inclusive, respectful language and acknowledging diverse health influences.
- **Impact:** Addressing the effects of therapies on individuals, communities, and the planet.
- **Graphic Representation:** Ensuring diversity in age, gender, ability, race, ethnicity, religion, and sexual orientation in visuals.
- **Treatment and Access Inequities:** Recognizing barriers to healthcare access, including cost, availability, and language.
- **Assessment:** Ensuring bias-free and culturally sensitive assessments aligned with learning objectives.

These aspects are directly observable in the curriculum and play a crucial role in embodying and conveying our commitment to health equity.



EXPRESSED VALUES AND PRACTICES (The Trunk)

The expressed values and methodologies that define how integrative health education is conducted include:

- **Process:** Facilitating brave spaces and managing community agreements in education.
- **Learning Environment:** Creating an inclusive and multi-sensory educational setting.
- **Epistemology:** Recognizing diverse truths and ways of knowing in educational content.
- **Origins/Cultural Misappropriation:** Addressing cultural misappropriation and honoring origins in Integrative Health education.

These elements are pivotal in shaping the educational experience, ensuring it aligns with our commitment to equity and inclusivity.

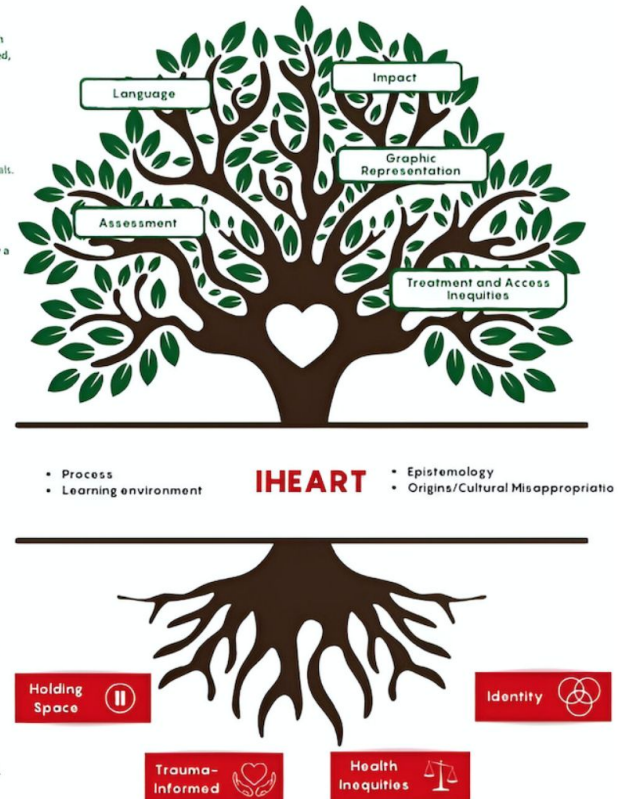


UNDERLYING BELIEFS AND VALUES (The Roots)

These are the foundational beliefs and values that underpin the educational program's approach to integrative health equity, including:

- **Holding Space:** Emphasizing mindfulness and reflection in education.
- **Instructor and Learner Identity:** Awareness of sociocultural identities, beliefs, and educational biases.
- **Trauma-Informed Approach:** Acknowledging and validating trauma, fostering a safe and supportive learning environment.
- **Health Inequities:** Addressing intersectionality, dismantling systemic racism and inequities in education.

The roots embody the fundamental, often unconscious beliefs and values that form the bedrock of an integrative health equity approach, anchoring and nourishing the entire educational structure with principles of inclusivity, intersectionality, and cultural humility.



Unit 5 Nutrition Modules (2024)

1. Personal and Community Relationship with Food
2. Relationship with Weight
3. Whole Food
4. Macronutrients/Vitamins & Minerals
5. Therapeutic Diets
6. Dietary Counseling



Unit 5, Module 1 (2024) Learning Objectives

1. **Personal Relationship with Food** – Consider your own relationship with food and the reasons why you eat.
2. **Mindful Eating** – Practice mindful eating techniques.
3. **Cultural Context of Food** – Understand several cultural contexts of food, including choices of food.
4. **Food Industrial Complex** – Identify the basics of the food industrial complex.
5. **Health Equity and Food** – Apply an equity lens to conversations about food, specifically considering the influence of social determinants of health.
6. **Food Choices and Planetary Health** – Describe how food choices impact planetary health.

2. DEIB perspective in nutrition curriculum

Melinda Ring, MD, ABoIM



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



Social Drivers of Health

Structural racism; inequitable healthy food access; reliance on ultra-processed foods; inequitable access to health care; overcrowded housing; poor working conditions

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 (examples)



Government Initiatives

- White House Challenge to End Hunger and Build Healthy Communities
- Bipartisan House Resolution H.Res.1118



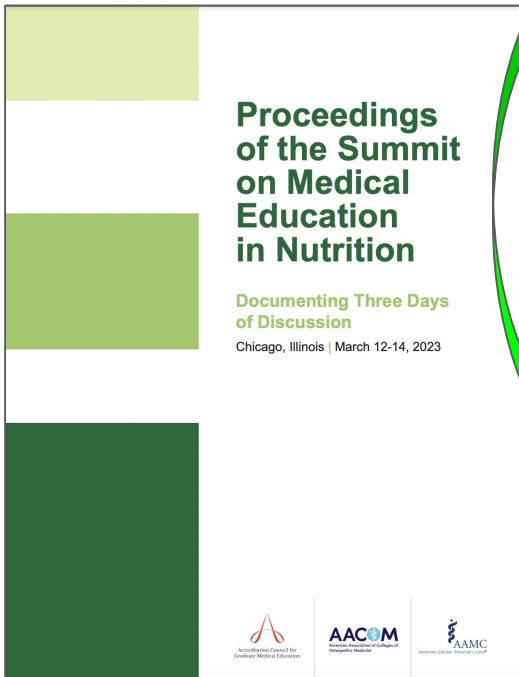
Medical Associations

- AMA policy shift, acknowledging historical harm associated with using BMI



Med Education Orgs

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



<https://www.acgme.org/meetings-and-educational-activities/summit-on-medical-education-in-nutrition/>
Accessed 3/26/24

What is the goal of nutrition education in UME, GME, and CME?

Goals include:

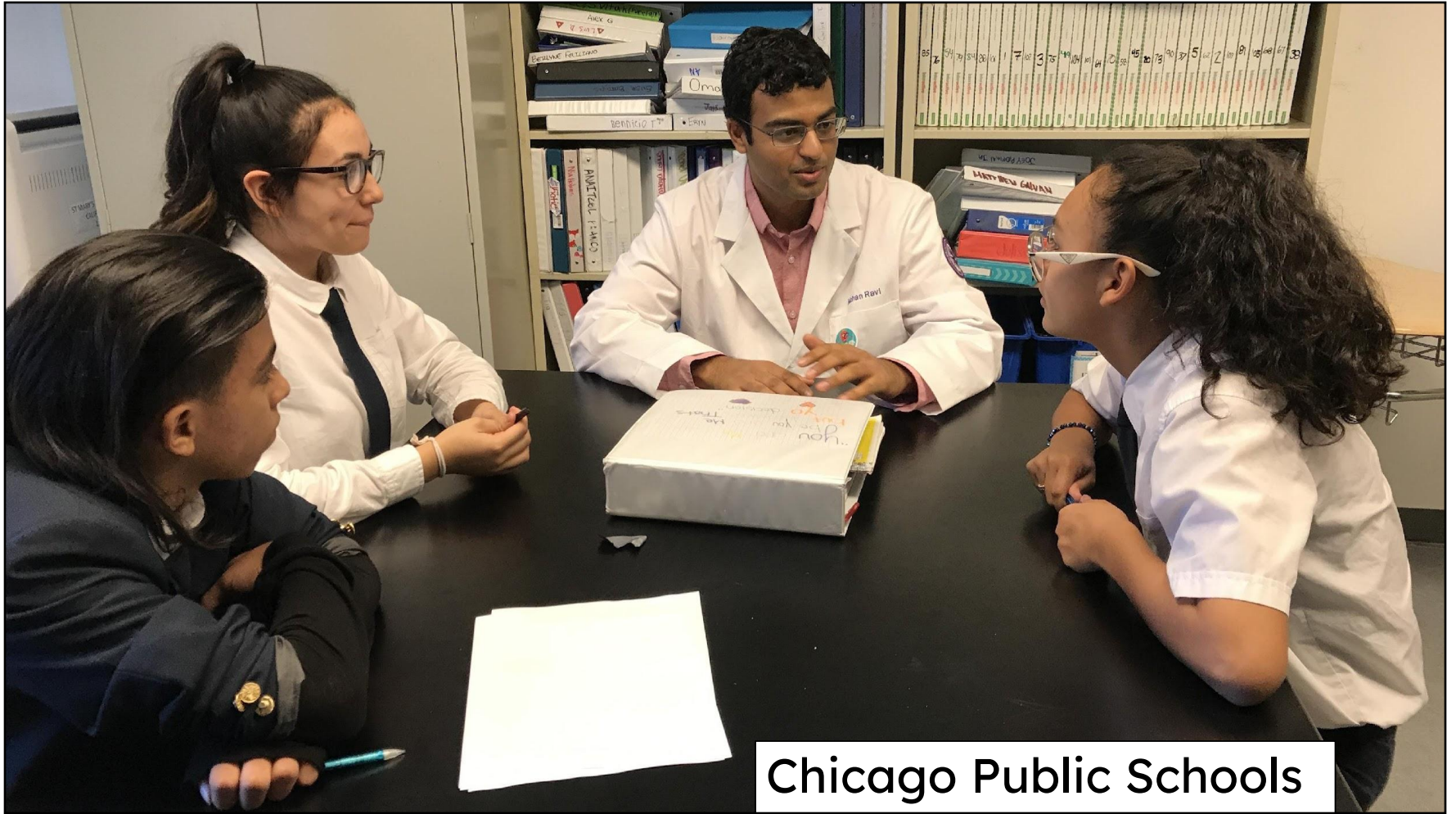
- ▶ Integrated, longitudinal, and interprofessional integration of nutrition knowledge and skills.
- ▶ Specialty-specific distribution by residents of safe, evidence-based information and clinical application within the team.
- ▶ For practicing physicians, the ability to course-correct with up-to-date foundational knowledge with a growth mindset.
- ▶ Receptivity to nutrition as central to physical health.
- ▶ Routine discussions of nutrition in all specialties.
- ▶ Refraining from judgment and practicing cultural humility.
- ▶ Reducing existing information into practical, usable information and reducing medical misinformation.
- ▶ Referring to appropriate roles and resources.
- ▶ Respecting aspects of different communities.
- ▶ Recognizing gaps, food insecurity, social determinants of health, and the history that created them.
- ▶ Relaxing with wellness and self-care.

GOALS OF NUTRITION ED IN UME, GME, CME include:

- ▶ **Refraining from judgment & practicing cultural humility.**
- ▶ **Respecting aspects of different communities.**
- ▶ **Recognizing gaps, food insecurity, social determinants of health, and the history that created them**



Northwestern Osher Cooking Up Health Programs



Chicago Public Schools

FOODWISE:

Fostering **O**ptimal **O**utcomes through
Dietary **W**isdom, **I**ntegration, **S**pirituality,
and **E**motionality

**A New Model of
Integrative Culinary Medicine**

Cooking Up Change:

**DEIB Principles as
Key Ingredients in
Nutrition and Culinary
Medicine Education**



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Mary Ann Liebert, Inc.
DOI: 10.1089/jicm.2023.0751

OSHER COLLABORATIVE FORUM: OUTLOOKS, OPINIONS, AND OPPORTUNITIES



FOODWISE (Fostering Optimal Outcomes through Dietary Wisdom, Integration, Spirituality, and Emotionality): A New Model of Integrative Culinary Medicine

Melinda Ring, MD, FACP, ABOIM,¹ Darshan H. Mehta, MD, MPH, ABOIM,^{2–4}
Iman Majd, MD, MS, LAc ABOIM,⁵ and Anna Balabanova Shannahan, MD, ABOIM, FAWM¹

FOODWISE

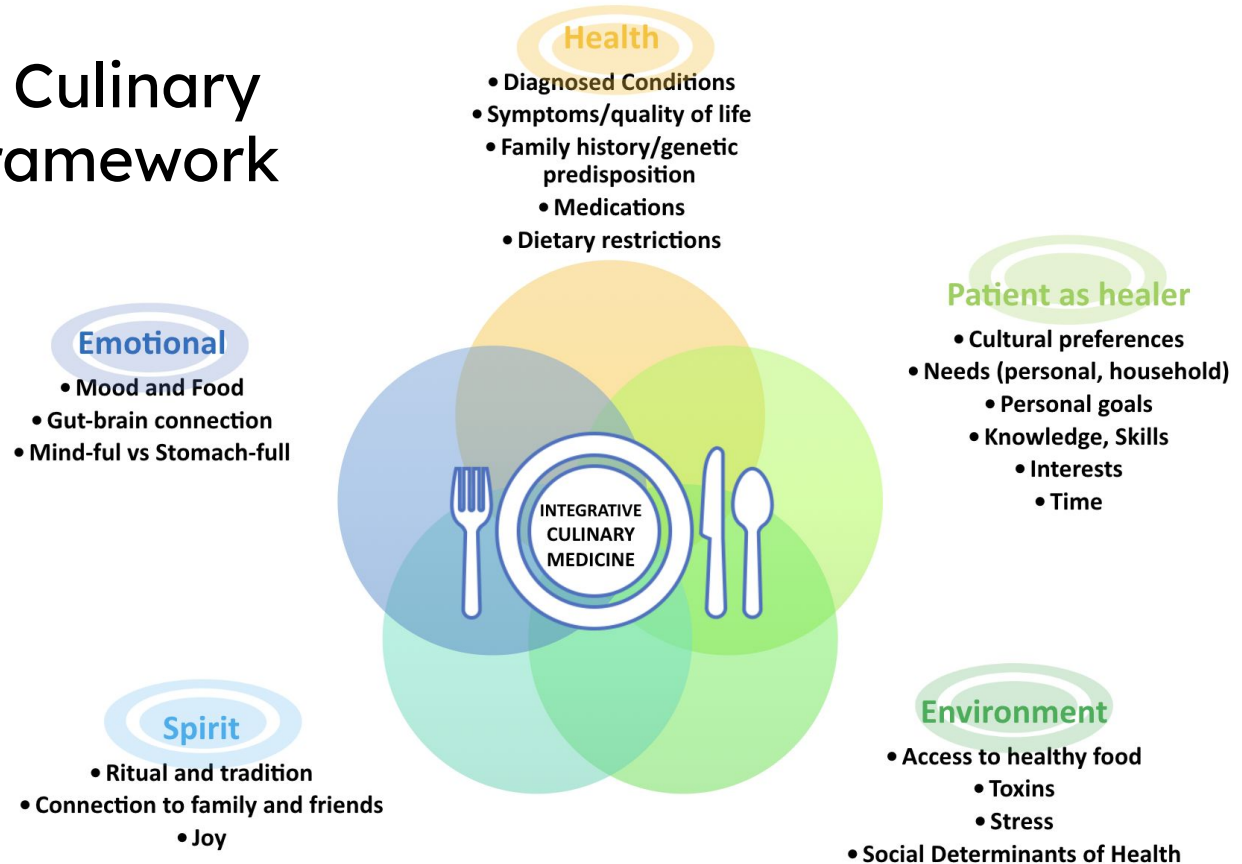
FOSTERING OPTIMAL
OUTCOMES THROUGH
DIETARY WISDOM,
INTEGRATION,
SPIRITUALITY, AND
EMOTIONALITY

A NEW MODEL OF
INTEGRATIVE CULINARY
MEDICINE





OPEN ACCESS

Integrative Culinary Medicine Framework



Article

Cooking up Change: DEIB Principles as Key Ingredients in Nutrition and Culinary Medicine Education

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Abstract: The integration of diversity, equity, inclusion, and belonging (DEIB) principles into health-care 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



Citation: Ring, M.; Ai, D.;

Maker-Clark, G.; Sarazen, R. Cooking

Cooking up Change

DEIB PRINCIPLES AS KEY
INGREDIENTS IN
NUTRITION AND CULINARY
MEDICINE EDUCATION



OPEN ACCESS

Ring, M.; Ai, D.; Maker-Clark, G.; Sarazen, R. Cooking up Change: DEIB Principles as Key Ingredients in Nutrition and Culinary Medicine Education. *Nutrients* **2023**, *15*, 4257. <https://doi.org/10.3390/nu15194257>



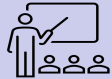
DEIB in Nutrition Content

- 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. Traditions and community cultural events in promoting food equity

Iman Majd MD, MS, LAc



Cultures & Traditions: Their Role in Food Equity & Diversity

- Seasonal festivals such as moon harvest ...
- Weddings and funerals ...
- Religious practices
- Other...



Beyond just “breaking bread” !

- Building connections
- Enhancing relationships
- Fostering collaboration
- Diversifying sources
- **Develop new dietary habits**





<https://th.bing.com/th/id/R.f3ceacac0399872f80ebf0409bae48fb?rik=im%2fHFaPnKkRY9A&riu=http%3a%2f%2funknews.unk.edu%2fwfp-content%2fuploads%2f2019%2f03%2fInternational-Food-Fest-81-1024x619.jpg&ehk=GF3fjus3IKZU%2fWhxgQV%2f2fZny%2bGSL9Wqyk6oWaX5g%3d&risl=&pid=ImgRaw&r=0>

Preserving Culinary Heritage

- Traditional cooking methods, recipes, and ingredients
- Cultural events can preserve and promote culinary traditions
- *Enriching one plate at a time*



<https://medium.com/@bahar.gh63/step-by-step-guide-to-a-healthy-plate-a53805bb66ef>

Education and Awareness on DEIB through...

- Opportunities provided by cultural events for workshops, cooking demonstrations, and presentations
- Including individuals from minority and marginalized communities in the curriculum

Community Empowerment

- Community based activities as part of culinary education, using local resources
- Examples of community initiatives spurred by cultural events

Social benefits of food-centered culturally aware trainings

- Building Social Connections
- Increase sense of belonging



4. Evolution of traditional diets and their accessibility

Darshan Mehta, MD MPH



Understanding Traditional Diets

- Cultural Preservation:
 - Traditional diets are an integral part of a community's culture and heritage.
 - By understanding and preserving these diets, we also preserve cultural practices, knowledge, and identity.



Understanding Traditional Diets

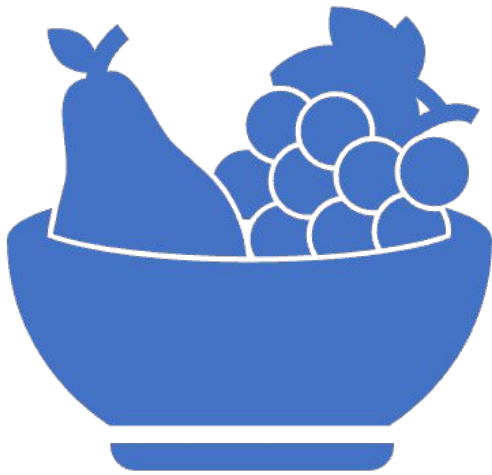
- **Nutritional Value:**
 - Many traditional diets are inherently nutritious, relying on locally available ingredients that are often minimally processed
 - Understanding these diets can offer insights into balanced nutrition and healthful eating patterns



Understanding Traditional Diets

- Environmental Sustainability:
 - Traditional diets are often closely linked to local ecosystems and sustainable food practices
 - Learning about traditional diets can provide valuable lessons in sustainable agriculture, fishing, and land stewardship

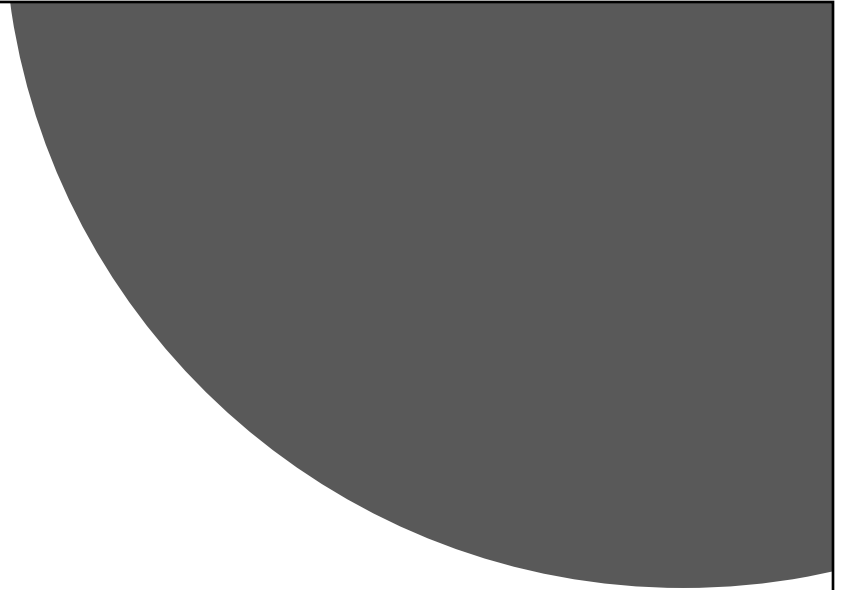
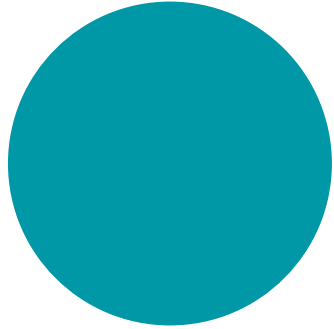
Understanding Traditional Diets



- Community Health:
 - Traditional diets have been developed over generations to meet the nutritional needs of specific populations
 - Understanding these diets can inform public health efforts and interventions aimed at improving community health outcomes

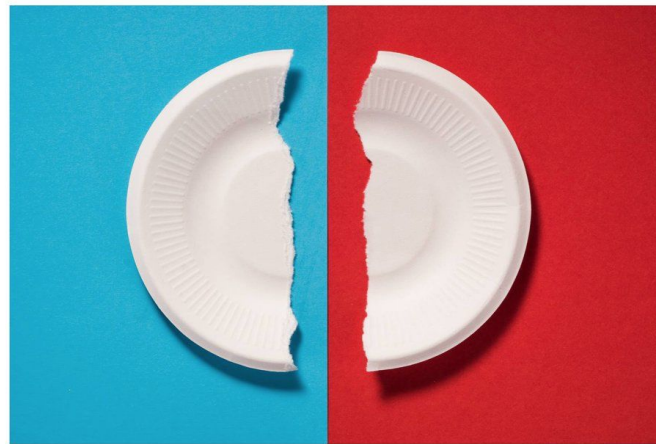
Importance of Inclusive Policies and Practices in Healthcare and Food Systems

- Access to culturally appropriate and nutritious foods
- Training healthcare providers to have cultural humility and sensitive to the diverse needs and preferences of their patients
- Involves ensuring that healthcare services are accessible and affordable to all communities, regardless of cultural background or socioeconomic status



**Intermittent Fasting:
A New Wave to an Old
Tradition** |

TIME



HEALTH • DIET/NUTRITION

**What Is Intermittent Fasting And Is It
Actually Good For You?**

Source: *TIME*. AUGUST 1,
2018

Upavās

upa - to
be near

āvās -
dwelling

Possible Other Effects

Environmental
Effects

Altruistic
Behaviors

Building
Community

Economic
Well-Being

Political
Statements



Precautionary Principle

An expression of a need by decision-makers to anticipate harm before it occurs.

It is the responsibility of an activity-proponent to establish that the proposed activity will not (or is very unlikely to) result in significant harm.



The concept of proportionality of the risk and the cost and feasibility of a proposed action

Questions for Consideration




What should healthcare providers know about traditional diets and intermittent fasting?



What lessons can we learn from spiritual traditions around these practices?



In addition to health consequences, what other population-level consequences are there (i.e., environmental, economic, etc.) for consideration?

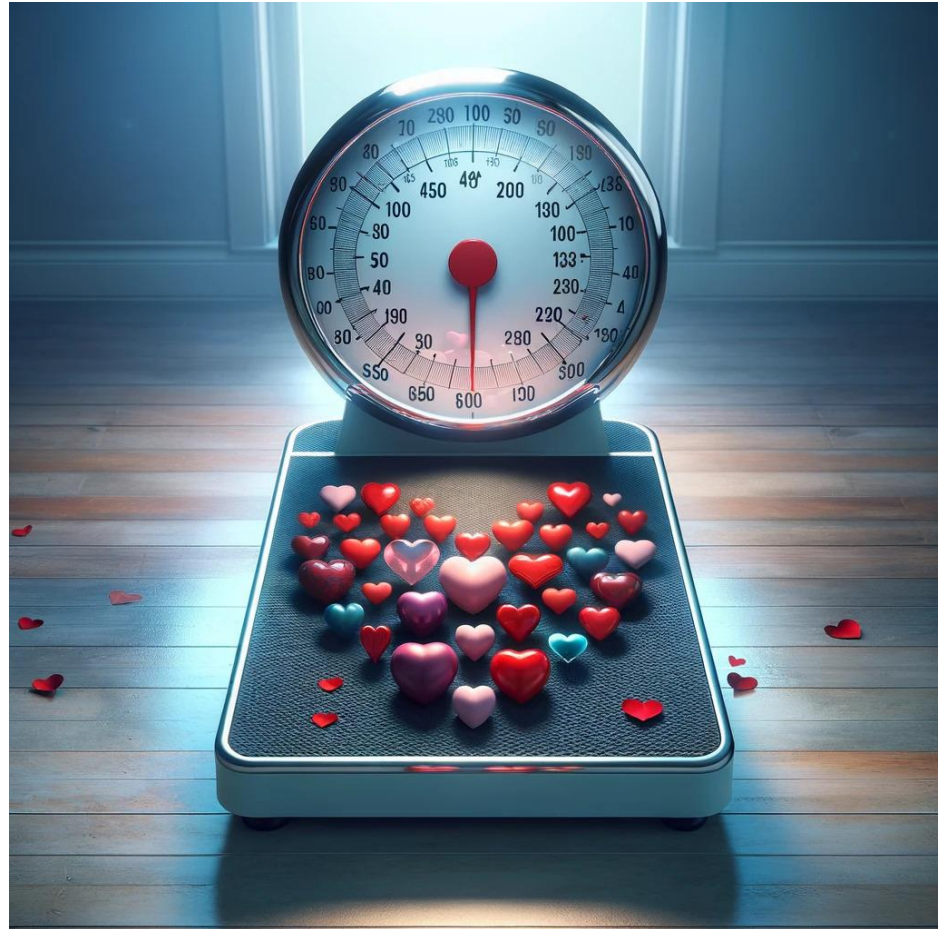


“Fasting is the first principle of medicine; fast and see the strength of the spirit reveal itself.”

• Rumi

5. Strategies to address weight and size bias

Elizabeth Walsh, PhD



Addressing Anti-Fat Bias in Nutrition Education

First, Do No Harm.

“Doctors are supposed to first do no harm, but when it comes to fat bodies, most doctors seem fundamentally incapable of heeding their oath.”

-Roxanne Gay

Assumptions

- It is not medical professionals' place to dictate people's values, priorities or goals (including regarding their body/health).
- Unwanted advice is not helpful.
- Food and eating serve many purposes for humans, all of which are valid and important.
- Bodies come in all shapes and sizes. This is not a bad thing.
- Significant weight loss is incredibly difficult to achieve and even more difficult to maintain.
- When talking about the experiences of an identity group to which we do not belong, we should and must defer to the experiences of those who do hold that identity.
- Mental health and wellbeing matters too.

“I know exactly what I would have to do to be thin. That’s not the life I want.”

The Problem: Anti-Fat Bias

- Anti-fat bias is incredibly common
 - Bias has increased with increased attention to “obesity epidemic” (Tomayama et al., 2015)
 - Strong implicit and explicit bias (~5/7) - men slightly more biased (Elran-Barak, 2018)
- Medical professionals are among the most common sources of experiences of anti-fat bias and show levels similar to public (Sabin et al., 2012)
- Medical education may **increase** anti-fat bias
 - Large national study showed increase in **explicit bias** over med school (Phelan et al., 2015)
 - Important factor included faculty role modeling

Impact of Anti-Fat Bias

Independent of BMI, individuals who experience anti-fat bias experience:

- Higher rates of depression and anxiety
- Greater body image distress
- Lower self esteem
- Higher rates of disordered eating/eating disorders
- Avoidance of physical activity
- Poorer metabolic health

*****Weight bias may actually lead to weight GAIN*****

Intersectionality

- Anti-fat bias has its roots in anti-Blackness (Strings, 2019)
 - Historical roots of thin, white ideal
 - BMI is based on averages of white, European, adult men
- Individuals who hold multiple marginalized identities experience cumulative harm
- Importance of considering access to medical care and lifestyle intervention (including for weight loss)
- Social determinants of health contribute to weight differences

Ways in which discussing food and “dieting” can do harm

- Assumptions about food consumption based on size/weight
- Judgment about foods that are “good” or “bad” - conflation with beliefs about desired size/weight
- Restrictive eating and eating disorders
 - Lifetime prevalence estimates for EDs vary widely - up to 20% of women by mid-life
 - Dieting can contribute to the development of restrictive eating patterns and in some, cases, progress to eating disorders
 - Even in the absence of clinically disordered eating, dieting may have negative psychological impacts (Nemon et al., 2020)

Recommendations: Weight-Neutral Care

- Do not make assumptions about how people eat (or their health status) based on their size/weight
- Always get consent for discussing weight and for discussing food
- Frame nutrition education in weight neutral ways:
 - Food is not good or bad
 - Emphasize specific health needs or goals
 - Avoid “diet” language (laden) - eg “way of eating”
- Be careful of disingenuous attempts (i.e. weight management program saying “focus on the behavior not the outcome”)

Weight Neutral Nutrition

Concerns that may be impacted by food/diet:

- Diabetes
- IBS/IBD
- Gastroparesis
- Migraines
- Interstitial cystitis
- Mast cell activation syndrome
- POTS

Dietary plans unrelated to weight:

- Anti-inflammatory plan
- Low histamine plan
- Low FODMAP plan
- Headache/vestibular plan
- Allergen avoidance plans

**“I don’t want to go to the dietitian
because the last thing I need is to be
lectured about my weight.”**

Representation

- First, consider representation among professional group
- Images
 - Common for representation of larger bodies to be disrespectful and stigmatizing
 - ie images of headless bodies associated with stigmatized behavior and/or health risk
 - Avoid images (of ALL people) that are stigmatizing
 - Include all body shapes and sizes of people living their lives, moving, enjoying food, etc.
- Language
 - “Person first language”?
 - Movement among fat activists to reject medicalized language
 - Preference for neutral descriptive words - ie fat
 - If you don’t know your audience, may opt for more universally neutral descriptive language

Recommendations for Clinicians and Students

- First, examine and confront your own biases
 - Harvard Implicit Association Test
- Learn about weight-neutral approaches to healthcare and eating
- Center the experiences of fat people

Resources

- Health at Any Size
- Intuitive Eating
- Writers and speakers:
 - Roxanne Gay
 - DaShaun Harrison
 - Sonya Renee Taylor
 - Aubrey Gordon
 - Sabrina Strings

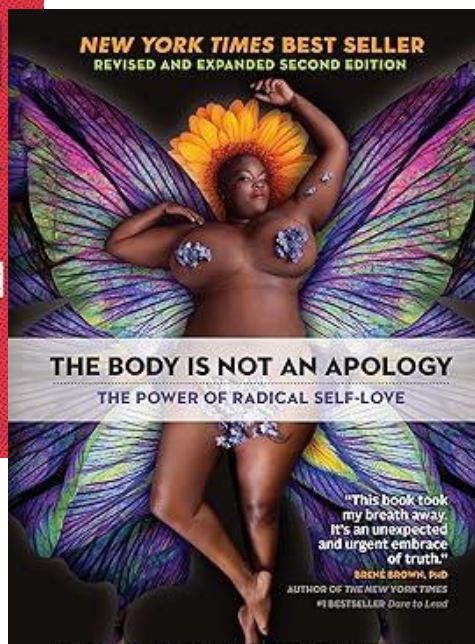
"TIMELY, ELEGANT, SEARING... REQUIRED READING FOR ABSOLUTELY EVERYONE."

—ROXANE GAY, AUTHOR OF *BAD FEMINIST* AND *HUNGER*

WHAT WE DON'T TALK ABOUT WHEN WE TALK ABOUT FAT

AUBREY GORDON
CREATOR OF YOUR FAT FRIEND

NEW YORK TIMES BEST SELLER
REVISED AND EXPANDED SECOND EDITION



THE BODY IS NOT AN APOLOGY
THE POWER OF RADICAL SELF-LOVE

"This book took
my breath away.
It's an unexpected
and urgent embrace
of truth."

ROCHE BROWN, PhD
AUTHOR OF THE NEW YORK TIMES
#1 BESTSELLER *Dare to Lead*

SONYA RENEE TAYLOR

FOREWORD BY IJEOMA OLUO
BESTSELLING AUTHOR OF *So You Want to Talk about Race*

"*Belly of the Beast* pushes us to think past the pabulum of telling fat folks all they gotta do is love themselves to enacting a movement that addresses the source and ramifications of societal anti-fatness as anti-Blackness."

—SABRINA STRINGS, author of *Fearing the Black Body*



BELLY OF THE BEAST

THE POLITICS OF ANTI-FATNESS
AS ANTI-BLACKNESS

Da'Shaun L. Harrison

FOREWORD BY KIESE LAYMON

"A thing of raw beauty."
—USA TODAY

Hunger

A Memoir of (My) Body

Roxane Gay

Author of *Bad Feminist*

NEW YORK TIMES BESTSELLER

Resources

<https://www.liebertpub.com/doi/full/10.1089/jicm.2023.0157>