

EXCLUSIVE LIVE WEBINAR

The Path to Understanding Diabetes Care and Management in Communities of Color

PRESENTED BY

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RDN, CDCES, CNSC, LD

November 9, 2022
2-3 pm ET

EARN
1 CEU



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- Kimberley Rose-Francis RDN, CDCES, CNSC, LD faculty for this educational event, has no relevant financial relationship(s) with ineligible companies to disclose.
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This activity also awards credit for dietetics (CDR CPEU).

Kimberley Rose-Francis, RDN, CDCES, CNSC

- Florida Based Dietitian
- Owner of Kim Rose Dietitian, LLC
- Jamaican-American
- Lover of kombucha and all things curry
- Avid nature lover and sports fan



Learning Objectives

1. Detail the current evidence-based recommendations in diabetes care and management as they relate to food and nutrition.
2. Explain how lived experiences may negatively impact glycemic levels and help clients find solutions that allow them to implement evidence-based recommendations successfully.
3. Develop a plan to increase adherence to behaviors that can improve glycemic management when working with communities of color.



Current Evidenced-Based Recommendations





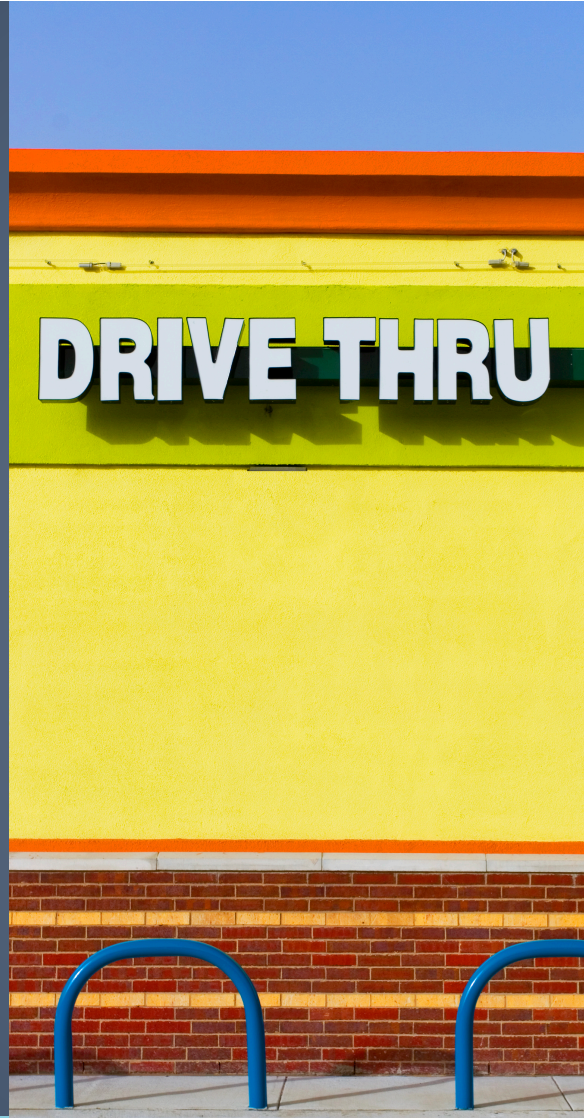


Social Determinants of Health

Social determinants of health are non-medical factors that influence health outcomes and include:

- Culture
- Beliefs
- Environment
- Education
- Access to healthcare

Spanakis E, Golden SH. Race/ethnic difference in diabetes and diabetic complications. *Curr Diab Rep.* 2013;13(6):814-823.

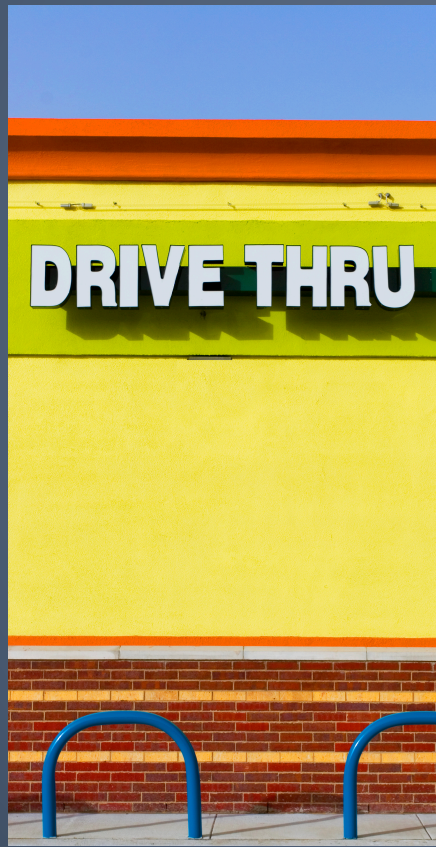


Food Deserts and Food Swamps

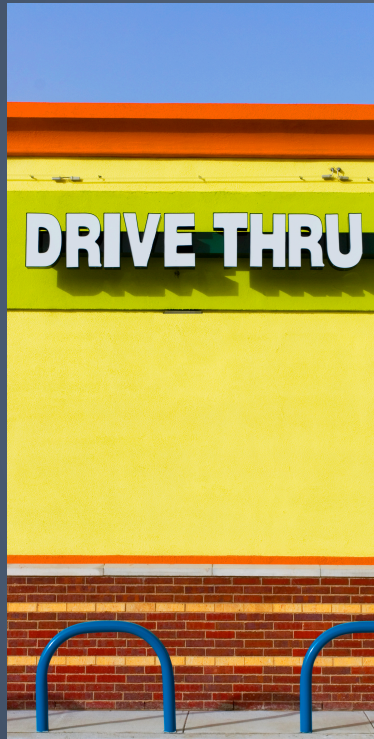
Food Mirage



Food Apartheid



Food Insecurity & Diabetes



Cultural Competence and Knowledge

“Food is an avenue often used as a means of expressing and retaining one’s culture”

Cai DY. A concept analysis of cultural competence. *Int J Nurs Sci.* 2016;3(3):268-273.

Cultural Competence and Awareness



Cultural Competence and Skill





Lived Experiences: Case Studies

Case Study 1

- QL is a 45-year-old African American man
- Works as a forklift driver in an Amazon warehouse 8 hours a day
- 5 feet 11 inch tall and weighs 223 pounds.
- Calculated BMI is 31.1 kg/m²
- States he does not engage in physical activity, day to day work
- Confirms family history of diabetes and recently diagnosed with diabetes 2 months ago



| Labs | Meds |
|---|--|
| HbA1c: 14.1% Triglycerides: 210 mg/dL Cholesterol: 202 mg/dL HDL: 37 mg/dL | Metformin 500 mg BID, Lipitor 10 mg QD |

Case Study 1 Cont.



“ I want to eat food that tastes and looks good. Eating quinoa and kale is not going to cut it.”

Social Determinants of Health

Social determinants of health include:

- Culture
- Beliefs
- Environment
- Education
- Access to healthcare

Increasing Adherence



Case Study 2

- AX is a 77-year-old Asian female
- Retired widow, lives with her son and his family
- 5 feet 0 inch tall and weighs 128 pounds
- Calculated BMI is 25 kg/m²
- Last dietitian visit 6 months prior; AX has a history of lack of value for behavior change
- AX states she is trying everything in her power to improve her glycemic control and prefers to rely on diet and lifestyle as a means to do so



| Labs (2 weeks prior) | Labs (6 months prior) | Meds |
|---|--|-------------------|
| HbA1c: 8.7% Cholesterol: 144 mg/dL HDL: 51 mg/dL LDL: 98 mg/dL | HbA1c: 7.6% Cholesterol: 150 mg/dL HDL: 42 mg/dL LDL: 103 mg/dL | Januvia 100 mg QD |

Case Study 2 Cont.

| Labs (2 weeks prior) | Labs (6 months prior) |
|------------------------|------------------------|
| HbA1c: 8.7% | HbA1c: 7.6% |
| Cholesterol: 144 mg/dL | Cholesterol: 150 mg/dL |
| HDL: 51 mg/dL | HDL: 42 mg/dL |
| LDL: 98 mg/dL | LDL: 103 mg/dL |



Lived Experiences and Overcoming Barriers

Social Determinants of Health

Social determinants of health include:

- Culture
- Beliefs
- Environment
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- Access to healthcare

Spanakis E, Golden SH. Race/ethnic difference in diabetes and diabetic complications. Curr Diab Rep. 2013;13(6):814-823.

Culture Influences What We Eat



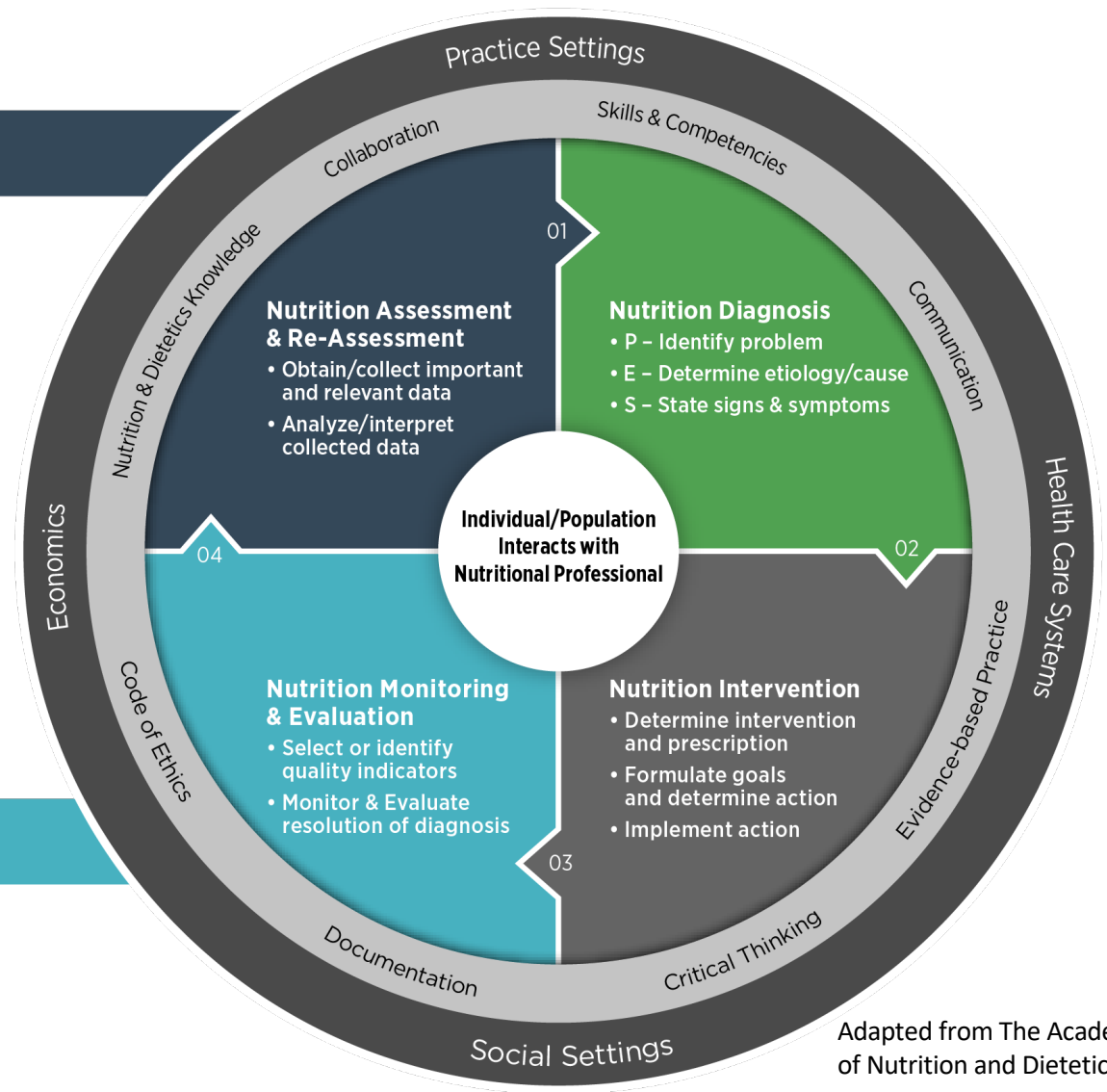
THE NUTRITION CARE PROCESS MODEL

SCREENING & REFERRAL SYSTEM

- Identify risk factors
- Use appropriate tools and methods
- Involve interdisciplinary collaboration

OUTCOMES MANAGEMENT SYSTEM

- Research NCP
- Use aggregated data to conduct research
- Conduct continuous quality improvement
- Calculate and report quality indicators



Adapted from The Academy of Nutrition and Dietetics

Nutrition Assessment

- During the nutrition assessment phase, dietitians have the opportunity to examine their own cultural knowledge, awareness, sensitivity, and skill
- When the dietitian explores cultural differences, it can provide insight on how to tailor the nutrition counseling session

Jager M, den Boeft A, Leij-Halfwerk S, van der Sande R, van den Muijsenbergh M. Cultural competency in dietetic diabetes care — a qualitative study of the dietitian's perspective. *Health Expect*. 2020;23(3):540-548

Nutrition Diagnosis

Problem statements should address the attitudes, beliefs, and behaviors of the patient and not the dietetic practitioner. When a nutrition diagnosis is incorrectly assigned based on what the practitioner perceives rather than on what the patient expresses, this creates a culturally unsafe place for the patient

Nutrition Diagnosis Cont.

The *International Dietetics & Nutrition Terminology Reference Manual* provides the following standard terminology to be used by dietitians to diagnosis if a nutrition-related problem exists:

- “Lack of value for behavior change or competing values”
- “Harmful belief/attitudes about food, nutrition, and nutrition-related information”
- “Denial of need for change”
- “Inappropriate intake of types of carbohydrates”

Swan WI, Pertel DG, Hotson B, et al. Nutrition Care Process (NCP) update part 2: developing and using the NCP terminology to demonstrate efficacy of nutrition care and related outcomes. *J Acad Nutr Diet.* 2019;119(5):850-855.

Nutrition Intervention

The intervention phase is important in T2DM care because nutrition and food choices may help clients manage blood sugar with or without the aid of medications

Joseph-Williams N, Edwards A, Elwyn G. Power imbalance prevents shared decision making. *BMJ*. 2014;348:g3178.

International Dietetics and Nutrition Terminology (IDNT) Reference Manual : Standardized Language for the Nutrition Care Process. Academy Of Nutrition And Dietetics; 2013.

Steps to Augment Adherence + Promote Cultural Safety

Steps to Augment Adherence + Promote Cultural Safety

1. Inform patients or clients about what shared decision making is, why it's important, and what to expect.
2. Explain that there are two experts present during the clinical encounter: the patient or client, who is the expert when it comes to their cultural and dietary practices, and the dietitian, who is the food and nutrition expert.
3. Affirm to patients or clients that their participation during the nutrition counseling session is encouraged and acceptable.

Curtis E, Jones R, Tipene-Leach D, et al. Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. *Int J Equity Health*. 2019;18:174.



Empathy

- Patient Response: “I can’t give up my cultural foods because I have diabetes; my family doesn’t like salads!”
- A non-empathic response: “I know this may be difficult, but you’d be making the best choice for your overall health”
- An empathic response: “It’s unfair to give up your cultural foods because of diabetes. You’d not only be cheating yourself, but your family, too, if you remove these foods from your diet and eat only salads”



CULTURAL DIVERSITY

Assess Food Security

- The practitioner should also keep food insecurity in mind and be sure to screen patients
- Food insecurity can be surveyed using:
 - Six-Item Short Form of the Food Security Survey Module
 - Self-Administered Food Security Survey Module for Youth Ages 12 and Older
 - U.S. Household Food Security Module

Brown-Riggs C. Nutrition and health disparities: the role of dairy in improving minority health outcomes. *Int J Environ Res Public Health*. 2015;13(1):ijerph13010028.



Health Literacy

Increasing health literacy has the potential to decrease morbidity and possibly mortality.



Holben DH, Marshall MB. Position of the Academy of Nutrition and Dietetics: food insecurity in the United States. *J Acad Nutr Diet.* 2017;117(12):1991-2002.



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Remember Culture is Not Static

Putting It Into Practice

When addressing diverse population with diabetes, RDs should:

- Be mindful of cultural traditions and customs
- Acknowledge cultural differences
- Consider barriers to diabetes care and management
- Utilize cultural skill
- Offer education materials and resources
- Show cultural sensitivity

Caballero AE. The “A to Z” of managing type 2 diabetes in culturally diverse populations. *Front Endocrinol (Lausanne)*. 2018;9:479.

American Association of Diabetes Educators. Cultural considerations in diabetes education: AADE practice synopsis. www.diabeteseducator.org/docs/default-source/default-document-library/cultural-considerations-in-diabetes-management.pdf. Published July 28, 2015. Accessed December 16, 2020.

Questions?

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