Aboriginal cultural competency in dietetics: A national survey of Canadian Registered Dietitians (RDs)

Northern Health Research Conference
June 25, 2016
Conflict Disclosure Information:

**Presenters:** Paige Huycke and Jill Ingribelli

**Title of Presentation:** Aboriginal cultural competency in dietetics: A national survey of Canadian Registered Dietitians (RDs)

We have no financial or personal relationships to disclose
WORKING TOGETHER FOR A HEALTHIER NORTH

THE NORTHERN ONTARIO SCHOOL OF MEDICINE

LOCALLY GROWN, INTERNATIONALLY RECOGNIZED

Mapping NOSM’s Distributed Model

- Aboriginal Communities
  - First-year medical students spend four weeks in an Aboriginal community in Northern Ontario.
- Rural/Remote Communities
  - Second-year medical students complete two four-week placements in small, rural, or remote Northern Ontario communities.
- Comprehensive Community Clerkships (CCC)
  - Third-year medical students spend eight months completing their CCC in a mid-sized community in Northern Ontario.
- Clinical Rotations
  - Fourth-year medical students undertake six core rotations in a 12-month period at academic health sciences centres in Sudbury and Thunder Bay.
- Postgraduate Residency Education
  - Residency education at NOSM occurs at distributed learning sites throughout Northern Ontario.

Northern Ontario Dietetic Internship Program (NODIP)
- Forty-six week dietetic internships are completed in communities throughout Northern Ontario and North Simcoe Muskoka Local Health Integration Network (LHIN).

Physician Assistant (PA) Program
- PA students undertake 40 weeks of supervised clinical rotations in rural and urban settings throughout Ontario, including 20 weeks in the North.

Rehabilitation Studies
- Audiology, occupational therapy, physiotherapy, and speech-language pathology learners undertake clinical placements in a diverse range of public and community settings ranging from four to 12 weeks in duration.

NODIP-46 weeks
Cultural Competence in Dietetics

• Low levels of cultural self-efficacy, discomfort

• Need to address discomfort and assemble strategies

• Few courses offered in cultural competence

• Dietetics students feel underprepared to counsel clients from other cultures
Objective

- To inform dietetic practicums, including NODIP, as well as practicing Registered Dietitians (RDs) on the key health and cultural competencies that are essential to improving dietetic services and client-centered care for diverse populations of Aboriginal peoples across Canada.
Consultation and Evaluation

- **Summer 2012**
  - NOSM Aboriginal Affairs

- **Fall 2012**
  - External Consultation (5 RDs)

- **Winter 2013**
  - Preceptor Needs Assessment (24 RDs)

- **2013-2016**
  - Targeted Implementation
    - (25 Intern/RD Pairs)
Model of Cultural Competence for Education and Training of RDs

Communication & Relationships

Models & Definitions

Culturally Competent DPD & DI Programs

Community Collaboration

Multicultural nutrition counselling skills

Multicultural food and nutrition knowledge

Food Environments

Diversity & Disparities In Health Care

Bias Management

Information Access, Analysis, & Use

Methods

14-item Online survey (Fluid Surveys©)

Pre-test (n=4)

Survey administered to respondents (n=145)

Results quantitatively analyzed (Microsoft® Excel®)
Results

Health and Cultural Competencies
90-98%

Food and Nutrition Competencies
86-100%

Culturally Competent RDs/Interns
95%
## Results

<table>
<thead>
<tr>
<th>Competency</th>
<th>Top 3 n(%)</th>
<th>Bottom 2 n(%)</th>
<th>Average Ranking of Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Historical and cultural factors affecting the health status (Minimum).</td>
<td>32 (78%)</td>
<td>9 (22%)</td>
<td>2.12</td>
</tr>
<tr>
<td>Socio-demographic profile and heterogeneity (Minimum).</td>
<td>21 (51%)</td>
<td>20 (49%)</td>
<td>3.41</td>
</tr>
<tr>
<td>Traditional and non-traditional healing and wellness practices; elders</td>
<td>23 (56%)</td>
<td>18 (44%)</td>
<td>3.29</td>
</tr>
<tr>
<td>and healers (Minimum).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issues and strategies to improving access to culturally appropriate</td>
<td>25 (61%)</td>
<td>16 (39%)</td>
<td>2.98</td>
</tr>
<tr>
<td>health services (Minimum).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approaches to reaching Aboriginal people at an individual and/or</td>
<td>31 (74%)</td>
<td>11 (26%)</td>
<td>2.50</td>
</tr>
<tr>
<td>population level (Advanced).</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Results

<table>
<thead>
<tr>
<th>Competency</th>
<th>Top 3 n(%)</th>
<th>Bottom 3 n(%)</th>
<th>Average of Ranking Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge about diverse eating patterns and traditions (Minimum).</td>
<td>21 (51%)</td>
<td>20 (49%)</td>
<td>3.22</td>
</tr>
<tr>
<td>Knowledge about diverse cultures (Minimum).</td>
<td>26 (63%)</td>
<td>15 (37%)</td>
<td>2.98</td>
</tr>
<tr>
<td>Understand cultural implications of food access, selection, preparation, and storage (Minimum).</td>
<td><strong>32 (78%)</strong></td>
<td>9 (22%)</td>
<td>2.44</td>
</tr>
<tr>
<td>Accommodate diverse patients/clients using available food systems (Advanced).</td>
<td>22 (54%)</td>
<td>19 (46%)</td>
<td>3.32</td>
</tr>
<tr>
<td>Develop culturally-appropriate treatment and/or interventions at an individual/population level (Advanced).</td>
<td>28 (68%)</td>
<td>13 (32%)</td>
<td>2.76</td>
</tr>
<tr>
<td>Develop culturally-appropriate recipes and menus (Advanced).</td>
<td>7 (17%)</td>
<td><strong>34 (83%)</strong></td>
<td><strong>4.80</strong></td>
</tr>
</tbody>
</table>
Draft and Final Competencies

4 Minimum (generic) + 1 Advanced (generic)

3 Minimum (food/nutrition) + 3 Advanced (food/nutrition)

4 Minimum + 1 Advanced (generic) + 2 Minimum + 1 Advanced (food/nutrition)
Future Research and Practice Implications

• Six minimum and 2 advanced competencies further developed, implemented and evaluated within NODIP

• Consultation with other dietetic internship programs to strengthen results and narrow gap in curriculum

• Collaboration between undergraduate and postgraduate programs to optimize training
Conclusions

• Dietetic graduates require the requisite attitudes, knowledge and skills to deliver culturally competent services

• Ultimate goal is cultural-self efficacy

• TRC Calls to Action:
  – Provide cultural competency training for all healthcare professionals (#23iii)

• Discipline specific education and training
References


References


