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Cover Page Footnote

Jeanie Subach is a grant recipient from: The Allen Foundation, The Wawa Foundation, Chester County Down Syndrome Interest Group, West Chester Adapted Fitness and Wellness Fund, The Pennsylvania Developmental Disability Council

Theory and Innovative Educational Practice

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ABSTRACT

The Academy of Nutrition and Dietetics is currently promoting the advancement of *cultural humility* as a means for nutritional professionals to better appreciate the lived experience and identities of others as well as the power dynamics that create health inequalities. At the same time, the Academy has struggled to advance services to underserved populations such as those with Intellectual and Developmental Disabilities (IDD) and autism spectrum disorder. Here the authors argue that both goals can be achieved by involving nutrition students in the teaching of food preparation skills to individuals with IDD. Dietetic students emerge with an enhanced understanding of marginalized populations and individuals with IDD develop important life skills contributing to improved dietary quality. Two programs based upon the *Active Engagement* protocol are described herein, both of which advance food skills and cultural humility amongst participants.

INTRODUCTION

The Academy of Nutrition and Dietetics (AND) has acknowledged that the makeup of registered dietitians in the United States does not reflect the increasing diversity of the larger population thereby creating challenges for effective care. Consequently, AND has increasingly emphasized *cultural humility*, the continual engagement of self-reflection and self-critique for lifelong learners and practitioners, as a strategy for improving quality of care within the nutrition and

dietetics workforce.¹ Likewise, the Accreditation Council for Education in Nutrition and Dietetics' (ACEND) 2022 education standards for undergraduate students and dietetic interns includes core knowledge requirements and competencies that address cultural humility among professionals along with sensitivity towards all populations.² Service-learning initiatives can be effective in increasing student's cultural humility and in developing interprofessional, social, and work-related skills; these types of hands-on approaches have also been shown to

increase rates of student retention, engagement, and learning.³

Intellectual and developmental disabilities (IDD) is an umbrella term that includes a range of conditions that occur at birth or early in the human trajectory. Because they occur during the formative years, IDD typically have significant consequences for physical, emotional, and cognitive development. Autism spectrum disorder (ASD), a lifelong neurological condition involving behavior rigidity and communicative impairment, is one type of IDD referenced in this article.⁴ Persons with IDD and ASD often live with a range of impairments that make it more difficult to independently perform basic tasks such as cooking and shopping.⁵ Culinary instruction for persons with IDD, using *Active Engagement* protocol⁶, can lead to the development of skill sets that improve their self-determination and independence as well as improve the nutritional profile.⁷

The purpose of this paper is to provide nutrition educators with examples of unique programs which can help develop *cultural humility* in students through service learning/community engagement in which individuals with IDD are taught appropriate cooking skills. These innovative programs simultaneously enrich both student and teacher and address two ongoing needs in the field of nutrition and dietetics. The programs of interest are both based on *Active Engagement* protocol which provides the crucial guidance as to how to structure appropriate food preparation activities for individuals with cognitive and motor impairment.

This paper is intended to be descriptive; to outline how the programs are designed and implemented. The next phase of the investigation is to address the metrics of program evaluation and how outcomes are measured.

BACKGROUND

According to the Centers for Disease Control and Prevention, 61 million adults in the United States live with a disability across impairments

ranging from profound to mild.⁸ Depending on the type of disability, impaired individuals may have more difficulty performing certain activities of daily living or interacting with the surrounding community. Within the disability cohort there is immense range of capabilities and coping mechanisms and, hence, two people with the same type of disability label can be affected in different ways, creating unique concerns for both healthcare and daily management.⁵ However, supporting an environment that provides the potential for a meaningful life, with as much independence as possible, should be encouraged, and persons with disabilities often report that they value feelings of health, happiness, and independence when given this opportunity.⁹⁻¹⁰

It is unknown how many individuals with IDD and ASD live independently within the community, but it is believed to be a small minority. Indeed, many of these individuals struggle with managing the most basic aspects of their lives and usually require significant assistance from family or caregivers.¹¹ However, teaching adults with ASD and IDD how to perform activities that are meaningful to them with the least amount of assistance can improve their self-determination and independence.⁵ Basic activities of daily living such as grocery shopping with a list and preparing simple meals can easily fit into this category and can be provided by university students and dietetic interns and naturally incorporated into coursework and field experiences.

It is also the position of the AND that nutrition services provided by registered dietitian nutritionists and dietetic technicians, registered, are essential components of comprehensive care for all people including those with special health care needs.¹² Consequently, nutrition educators must ensure that future practitioners are well prepared to work with all populations. Further, the ACEND 2022 education standards for undergraduate students and dietetic interns has emphasized core knowledge requirements and

competencies that address cultural humility and sensitivity for all populations.²

Two specific programs focused on drawing nutrition students and dietetic interns into the development of cooking skills for individuals with IDD and ASD will be described below. This paper argues that this process of supporting this population simultaneously supports the development of cultural humility in dietetic professional training by way of service-learning. That is, skill development is advanced for both the teacher and the student.

Active Engagement – Background

According to the American Association of Intellectual and Developmental Disabilities, individuals with IDD have the same rights to self-determine, or make choices, regarding activities in daily life and work. However, many persons with disabilities are denied this autonomy, partly because their caregivers and support staff lack an understanding of how to support their freedom and independence.¹³

Many different disciplines promote the therapeutic potential of food preparation because cooking is situated as both a life skill and a social activity that involves executive functioning, multi-step processing, and cultural awareness. From the nutrition perspective, cooking can change an individual's relationship with food and allow for the development of enhanced autonomy, competence, food preference, and community interaction. Consequently, many programs for those with IDD include a cooking component, though typically from a group perspective with all

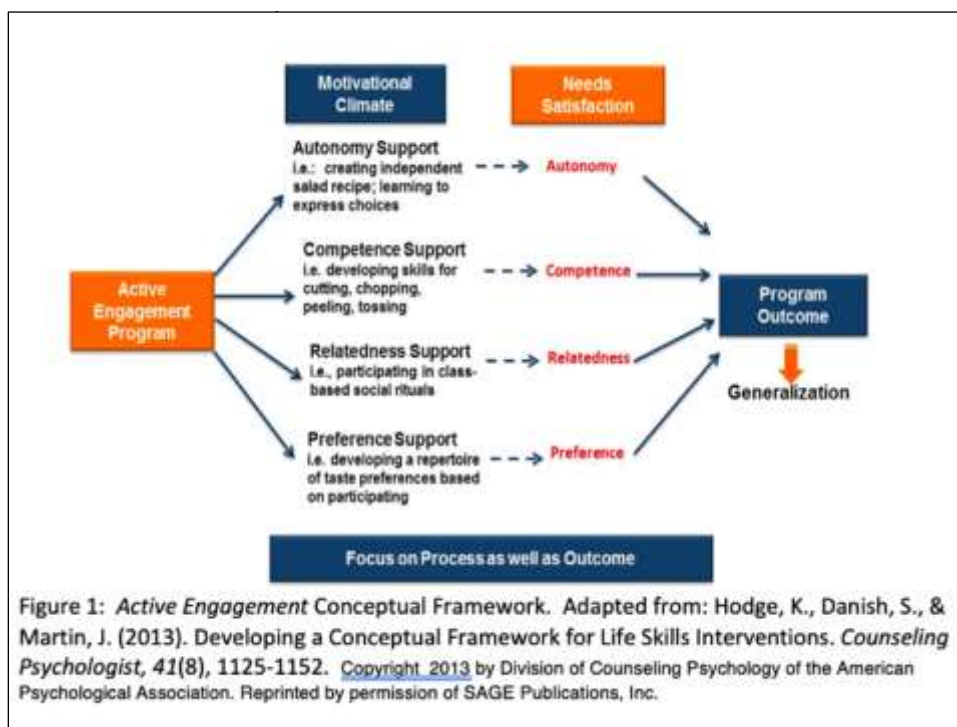


Figure 1: *Active Engagement Conceptual Framework*. Adapted from: Hodge, K., Danish, S., & Martin, J. (2013). Developing a Conceptual Framework for Life Skills Interventions. *Counseling Psychologist*, 41(8), 1125-1152. Copyright 2013 by Division of Counseling Psychology of the American Psychological Association. Reprinted by permission of SAGE Publications, Inc.

participants having a small role in a larger production.⁶

Active Engagement was developed to advance cooking capacity for those with IDD through independent projects designed around the strengths and challenges of the individual; the program advocates that all participants have individual projects to optimize learning. Published in manual form by the AAIDD in 2018, the program provides a protocol for creating appropriate food preparation activities for those with cognitive and motor impairments and does so via a rich toolkit of adaptive tools and methodologies that are safe and sustainable.⁶

One of the foundational aspects of *Active Engagement* is the emphasis on *choice* given the empowering nature of allowing a participant to individualize a food project and make it their own. A hypothetical example of instructing an individual with IDD to make their own peanut butter and jelly sandwich (PB&J) demonstrates the power of choice. Incorporating choice into this activity allows the individual to choose the bread, jelly, and type of nut butter. Taking this further, the individual could choose their plate, apron, or workstation. The preparation of PB&J thus

moves from a limited activity to one that is highly individualized and reflects the preferences of the creator. Thus, *Active Engagement* looks at the activity from a task analysis perspective and requires that all the different skill sets be broken down and taught if necessary. Individuals with IDD struggle in many different areas including estimation and measuring, fine motor skills, and cognitive issues; thus, a need for individualization of the food preparation process is highly warranted if truly meaningful skill development is the goal.⁶

The conceptual framework for the *Active Engagement* [Figure 1] is a useful tool to explain both the mechanisms of action for the program and the potential outcomes for teaching cooking skills to individuals with ASD and IDD. Based on a model designed for teaching life skills, the framework offers an integrated approach based upon the three basic psychological needs of autonomy, competence, and relatedness with preference incorporated to reflect the idiosyncrasies of creating projects with food. The underlying assumption of the framework is that when these basic psychological needs are met -- and adaptive technologies and methodologies utilized -- the learning environment can be optimized for those with cognitive and motor impairments.¹⁴

At the same time, the *Active Engagement* Conceptual Framework provides a structure by which to understand the types of outcomes that students with ASD typically experience when they are drawn into food preparation. Thus, gains for students with ASD are often noted in autonomy as individualized cooking activities typically result in more self-direction in the kitchen. Outcomes regarding competence reference the development of culinary proficiencies, such as chopping, cutting, peeling. Advances in relatedness reflect the ways that cooking draws people into the surrounding culture (e.g., holidays, food fads). Because preference plays such a significant role in the framework of consumption in general, it is also a significant driver in the *Active Engagement* curriculum.

Indeed, typical students with ASD and IDD who are drawn into activities based on *Active Engagement* expand the range – and quality – of foods that they are willing to consume.⁶

CULTURAL HUMILITY AND HIGH-IMPACT EDUCATION STRATEGIES

Traditionally, health care professionals were encouraged to develop *cultural competence* in which a respectful attitude was maintained regarding the background, traditions, and practices of clients. This has given way of late to an understanding that the term “competence” suggests that mastery is obtainable. Consequently, there is now a greater emphasis on *cultural humility* to evoke a lifelong and sustained commitment to better understand how otherness and power is manifested across relationships.¹⁵ Currently, *cultural humility* is viewed as “a process that requires humility as individuals continually engage in self-reflection and self-critique as lifelong learners and reflective practitioners”¹⁵ and has been identified as a strategy by AND for improving the diversity of the nutrition and dietetics workforce and improve quality of care.¹⁶ The educational experiences described in this paper applied a cultural humility model for disability awareness to improve the ability of future nutrition professionals in supporting self-determination.

High-impact education strategies (HIPs) are active learning practices that promote deep learning by supporting student engagement. To be considered a HIP, the experience must meet the criteria set by the Association of American Colleges and Universities (AACU) – achievement of deep learning, significant engagement gains, and positive differential impact on historically underserved student populations.³ The use of HIPs in education has been shown to increase rates of student retention, engagement, and learning. HIPs assist a diverse population of students obtain the full benefits of their college education. The AACU has identified 10 HIPs shown to be beneficial to college students.³ One type of HIP that has been shown to be effective is service

learning. Providing service-learning opportunities can allow students to participate in experiential learning as an instructional strategy.¹⁷ Service-learning initiatives can be effective in increasing student's cultural humility and in developing interprofessional, social, and work-related skills. They are effective because they require a greater time commitment from the student, center around meaningful topics, expose students to greater diversity, and allow students to directly apply their knowledge.^{3,18-20} Students participating in service-learning activities can often experience situations that cannot be neatly defined or solved. This can encourage students to think critically outside the box which also helps them to develop their critical thinking skills.²¹ Additionally, the community and/or partner involved with the service-learning project can experience tremendous benefits such as improving the relationship with the community and increasing the community capacity.²²

PROGRAM HISTORIES AND OVERVIEW

The programs described here are focused on advancing cooking skills for individuals with IDD based upon Active Engagement protocol. Both programs are also invested in advancing cultural humility for dietetic students and interns through support of this underserved population by way of service-learning. However, the two programs utilize different approaches with different outcomes.

Program #1: A dietetic intern program supporting residential clients with ASD and IDD

Founded in 1994, X, Inc. Community Support Services Dietetic Internship (CSS) is a nonprofit human service provider in MD serving adults with autism and other IDD. Over the last 28 years, CSS has grown to include vocational, recreational, educational, residential, and respite programming for almost 300 clients. As CSS has grown, the organization has continued to expand

programming to provide the highest quality of life to its' population.

Though nutrition has been integral since the beginning, the CSS Dietetic Intern Program (DIP) is relatively new. The application to create the CSS DIP was submitted to the ACEND in the early months of 2020 just as the COVID-19 pandemic arrived. Conceived before the beginning of social isolation and pandemic restrictions, the program was launched in September 2021 into a world where all learning contexts had to be reanalyzed and redrawn. However, many of the adjustments brought about by the pandemic have serendipitously offered new, more powerful, means of supporting individuals with IDD.

Some examples of this include online cooking classes that allow students to participate in their own kitchen, an electronic nutrition education newsletter designed to engage individuals with minimal literacy, and the development of a meal kit system that ensures that CSS has better outcomes regarding quality and variety of dietary intake. Like many other human services providers, CSS is willing to acknowledge the positive outcomes of pandemic-era changes and to move forward with them.

The CSS DIP has a program curriculum focusing on the advancement of community nutrition for individuals with autism and IDD. Because the emphasis is on adults, the CSS DIP is unique among dietetic internship programs and one of the few addressing underserved populations with IDD.

All CSS DIP programs and activities are based upon *Active Engagement* protocol which was conceived at CSS to advance independent cooking skills for this population.⁶ Through a range of supervised practice rotations, the dietetic interns learn about the specific nutrition-related needs of this population as well as how to support the acquisition of food preparation skills for individuals with cognitive and motor impairments. The program entered the second cycle in September 2022 and is again hosting eight full-

time students who work through a variety of different supervised practice contexts.

Program #2: A community-based outreach program

A mid-size, 17,000 student, state-funded University has a long and rich history of inclusion of persons with disabilities into program curriculums starting in the mid-1960s with an adapted swim program. The swim program grew and additional adapted physical activity and wellness programs for youth and young adults with IDD were established. Intradisciplinary education and community engagement/service learning are priorities at the University; both serving as vehicles to promote increased cultural humility.

Additionally, the University is the home of an adapted residential sports camp for visually impaired youth (Camp Abilities PA). Prior to COVID-19, the Department of Nutrition provided all meals, snacks, and sports foods for the camp. Nutrition students were exposed to all aspects of food systems management through scheduling, budgeting, menu planning, food procurement and production, and implementation of food safety and sustainability practices. In addition to the preparation of all meals, snacks, and sports foods, they provided adapted nutrition and culinary education to the campers.

The Ram Chef program, an adapted culinary program for young adults with IDD began in 2020 during the COVID-19 quarantine to provide socialization for participants of the adapted wellness program that worked at a weekly community church supper. The program started in a virtual format with nutrition students guiding young adults with IDD in recipe execution in their home kitchens. The program transitioned to in-

Table 1. Required elements met in Camp Abilities PA and the Ram Chef program that are “designed to ensure the breadth and depth of requisite knowledge needed for entry into supervised practice to become a registered dietitian nutritionist.”

DPD Standard 3: Curriculum and Learning Activities

Role of environment, food, nutrition and lifestyle choices in health promotion and disease prevention.

Management theories and business principles required to deliver programs and services.

Food science and food systems, food safety and sanitation, environmental sustainability, global nutrition, principles and techniques of food preparation, and development and modification and evaluation of recipes, menus, and food products acceptable to diverse populations.

Cultural humility, self-reflection, diversity, equity, and inclusion

Human behavior, psychology, sociology, or anthropology

person instruction when quarantine restrictions were lifted and utilized the *Active Engagement* protocol⁶, which will be explained in detail in the theoretical framework section. Student engagement included recipe selection and adaptation, food procurement, production, and one-on-one supervision of the Ram Chefs. Additionally, the program has a student-Ram Chef run community garden. Students and Ram Chefs are responsible for the planting, maintenance, and harvesting of the garden. Harvest is used in recipes and a signature green drink named “Ram Juice” which contains kale and carrots and is served at every session.

To continue to strengthen cultural humility and awareness in the curriculum, a new experiential learning course, “Introduction to Disabilities Studies and Strategies for Promoting Wellness and Inclusion for Persons with Disabilities Through Food Selection and Preparation” was created. The course concludes with a one-week adapted culinary immersion program for persons with IDD. The course provides high impact educational strategies through firsthand culinary and gardening activities, building upon concepts

taught in Quantity Food Production and Strategies in Dietetics Education.

EDUCATIONAL STANDARDS AND COMPETENCIES

Inclusive programming such as the CSS DIP, the Camp Abilities PA program and the Ram Chef program can satisfy numerous requirements of the 2022 ACEND Accreditation Standards.² Camp Abilities PA and the Ram Chef program exposes students to 5 of the 17 required elements that are “designed to ensure the breadth and depth of requisite knowledge needed for entry into supervised practice to become a registered dietitian nutritionist.” Table 1 provides examples of how these core knowledge requirements and competencies can be achieved.²

Additionally, several DPD core knowledge requirements can be incorporated into programs with similar content to the Camp Abilities PA program, the Ram Chef program, and Introduction to Disabilities Studies and Strategies for Promoting Wellness and Inclusion for Persons with Disabilities Through

Table 2. Core knowledge requirements activities

KRDN	Description	Achieved by
2.5	Identify and describe the work of interprofessional teams and the roles of others whom the registered dietitian nutritionist collaborates.	One-on-one coaching of an individual with a disability in adapted culinary instruction. Interaction with occupational therapists, case workers, and support staff in the adaptation of culinary techniques geared to meet the needs of the adults with IDD.
2.6	Demonstrate cultural humility, awareness of personal biases and an understanding of cultural differences as they contribute to diversity, equity, and inclusion.	Completion of a pre and post course “Attitudes and Behaviors Towards Persons with Disabilities Questionnaire,” and follow-up reflection paper. Group discussions at the end of each session on the challenges and growth of both students and individuals with disabilities. ²⁹
3.2	Develop an educational session or program/educational strategy for a target population.	Creation of educational materials, recipe adaptation and evaluation of the week-long culinary immersion program. Braille of recipes and equipment to aid in the instruction of persons with visual impairment. Adaptation of recipes into pictorial cookbooks Production of step-by-step videos of recipe instruction.
3.3	Demonstrate counseling and education methods to facilitate behavior change and enhance wellness for diverse individuals and groups.	Group discussions with specific focus on the improvement of self-determination of each adult with an IDD. Goal setting of mastering a “signature” recipe each semester. Monitoring the progress of adult with IDD mastering the execution of the recipe throughout the program.

Food Selection and Preparation course. These programs and course weave service learning/community engagement and intradisciplinary education practices in numerous ways in the undergraduate curriculum. Table 2 lists examples of these core

Table 3. Narrative of activities designed to achieve selected core competencies.

CRDN Description	Achieved by
Show cultural humility in interactions with colleagues, staff, clients, patients, and the public.	Engagement and communication with clients presenting high-level communicative impairments. Interprofessional collaboration with a range of professionals and support staff from backgrounds spanning the globe. Organize supported interactions and mandatory training on ensuring the dignity of all humans.
Implement culturally sensitive strategies to address cultural biases and differences.	Participation in an Obesity Clinic, teaching the challenges and benefits of involving those with disabilities in their own healthcare.
Develop nutrition education materials that are culturally and age appropriate and designed for the literacy level of the audience.	Participation in nutrition education classes and creation of content for a client-based newsletter. Translation of complex information into understandable and engaging videos and visual articles. Analysis of traditional methods of nutrition education Adaptation of materials for those with intellectual and motor impairment. Serve in the role of the <i>Editor-in-Chief</i> for one issue of the newsletter. Participation in nutrition-related programming including <i>Tasting Tuesday</i> , a sampling activity to encourage clients to try new foods, and a lunch clinic utilizing slow-paced music to promote reduction of eating speed. Participate in a feeding and swallowing clinic and a journalism club to create client-driven content for the nutrition newsletter.
Develop and evaluate recipes, formulas and menus for acceptability and affordability that accommodate the cultural diversity and health needs of various populations, groups and individuals	Development of recipes based upon a pictorial cueing system, following <i>Active Engagement</i> guidelines, that allows the client to advance through a recipe independently using visual clues.
Use effective education and counseling skills to facilitate behavior change.	Participation in hands-on activities that engage clients in food-preparation by emphasizing choice and individualization. Provision of virtual nutrition education classes for clients using engaging, visual presentations presented via 8–12-minute videos.
Develop and deliver products, programs or services that promote consumer health, wellness, and lifestyle management.	Distribution of meal kits to all 60 residences via a commercial restaurant. Interns design, assess feasibility, procure, produce, and distribute meal kits Facilitation of online classes, supporting clients in preparation of these meal kits.

knowledge requirements and how they are achieved in programming.²

DI Standard 3: Curriculum and Learning Activities

Selected DI core competencies have been achieved in the CSS DIP and can function as

models for creating cultural humility among dietetic interns. Table 3 provides a narrative of activities designed to achieve selected core competencies.²

DISCUSSION

Individuals with IDD deserve the opportunity to live a life with optimum health and with the most independence possible. At the same time, dietetics students and interns benefit from a better understanding of the lived experience of marginalized populations, particularly those with disabilities. We have made the case that development of cooking skills for those with IDD can support both important goals.

Despite the significance of food preparation skills for enriching the lives of those with IDD, our research has found no published material advancing this concern aside from several specialty cookbooks and the *Active Engagement* protocol. This is concerning since culinary skills are considered integral to the RD experience and are understood as a valuable tool in promoting public health.²³⁻²⁷

Persons with disabilities may live with impairments that make it more difficult to perform certain activities and interact with the world around them and many require assistance from family or caregivers.^{9-10,28} However, teaching adults with disabilities how to perform appropriate, safe activities that are important to them can improve their self-determination and independence.⁵ Clearly, development of cooking skills for this population holds tremendous potential as both a life skill and nutrition intervention.

At the same time, undergraduate and graduate nutrition students and dietetic interns can increase their cultural humility as they support those with IDD. Additionally, it is the position of the AND that nutrition services provided by registered dietitians nutritionists and dietetic technicians, registered, are essential components of comprehensive care for all people with developmental disabilities and special health care needs.¹ This paper has provided numerous examples of how nutrition and dietetics educators can incorporate working with persons with IDD into the undergraduate didactic program in dietetics and dietetic internship programs.

In the next phase of this project, the authors will report on how evaluation metrics were established and compare outcomes across the two programs. Involving subjects with cognitive impairments in program evaluation is challenging if active – rather than passive – input is the goal. Further, this is a topic that is often not addressed in IDD research, but which is important to address in the age of *cultural humility*. Moving forward, the authors look forward to advancing all the critical issues raised in this paper.

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