

# Developing Cultural Humility in Aged Care Practice:

## Enabling the Workforce to Provide Inclusive Nutrition Care

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# Overview

- Draws on **research evidence, practice-based strategies, and reflections**
- Focus: older Australians from **culturally and linguistically diverse (CALD)** backgrounds
- Aim:
  - Show **why cultural humility matters** in nutrition care
  - Outline **practical steps** to apply in aged care
  - Connect with **current aged care reforms**

# Ageing & Diversity



- 17% of Australians (4.4M) aged 65+ (ABS, 2021)
- By 2066 → nearly **1 in 4 over 65**
- 30% born overseas, 21% speak non-English at home (ABS, 2022)
- Older adults bring **unique food traditions, health beliefs, and dietary preferences.**
- Nutrition care = dietary requirements + cultural identity & dignity

# Think for a moment...

- How many of your current clients or patients come from **culturally diverse backgrounds?**
- What challenges have you faced in **meeting their needs?**

# Nutrition Risks in Older Adults

## Malnutrition

- Up to **50% of aged care residents** malnourished/at risk
- For CALD clients, this risk is even higher.
- **Causes:** language barriers, low health literacy, culturally inappropriate meals (AIHW, 2022)
- **Outcomes:** skipped/refused meals/service disengagement



# **Consequences of Malnutrition in Older Adults**

- **Frailty**
- **Falls**
- **Hospitalisation**
- **Loss of independence**

# Chronic Diseases in Aged Care

- Many older adults live with multiple chronic diseases:
  - Type 2 diabetes
  - Cardiovascular disease
  - Chronic kidney disease
- Prevalence of diabetes:
  - **1 in 5** adults aged 65+ live with diabetes
  - Compared with **<1 in 20** adults under 45 (AIHW, 2023)
- Ageing dramatically increases risk and burden

# Malnutrition and Chronic Disease Burden

- **Client Impact**

- Malnutrition affects independence, wound healing, immunity, and mental health. It is also related to muscle loss, falls, hospital admissions, and long-term disability.

- **System Impact**

- Higher care needs, delays recovery, avoidable hospitalisations, and costs
- **Nutrition care is more than dietary requirements:**
  - Preventing hospitalisations
  - Preserving independence
  - Mitigating cost



# Why Inclusive Nutrition Care Matters?

- **CALD older adults face extra risks:**
  - Cultural and language barriers
  - Limited health literacy
  - Low trust in services
  - Meals not reflecting traditions and limited engagement
  - **Health Inequities\***
- **Staff Challenges:**
  - Staff underprepared → Limited training, resources, and confidence in cultural care

# Cultural Humility vs Cultural Competence

- Shift from **one-size-fits-all** → **person-centred Care**
- **Cultural Competence:** knowing about cultures
- **Cultural Humility:** life-long learning, self-reflection, openness, respect, partnership

# Cultural Humility in Nutrition Care

- Ask clients about food traditions & preferences
- Respect religious dietary restrictions
- Collaborate with families & carers
- Adapt plans to reflect cultural identity

**Builds trust & respect → better engagement & improved health outcomes\***

# Practice-Based Approach

## Integration of nutrition & cultural humility

- Professional experience
- Research evidence
- Collaboration with CALD communities
- Empower the workforce

- Short training sessions
- **Tailored nutrition screening tools**
- Collaborative care planning
- **Incorporating traditional foods in meal planning**
- Culturally tailored resources
- **Case studies**

## Major Initiatives in Practice

# Case Example



# Client Feedback



- Better Health Outcomes, Client satisfaction, Client–provider trust
- Respecting cultural identity → **accept meals, maintain weight, and engage with services** (Griffith University, 2021; Monash University, 2020).

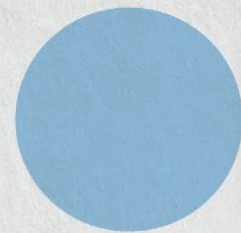
Cultural humility can transform *resistance into trust* → improved health outcomes.

Small culturally respectful changes can make a powerful impact.

## Policy Alignment: New Aged Care Act

- Person-centred and rights-based care
- Nutrition as a fundamental part of **culture, dignity, and well-being.**
- Compliance with evolving aged care standards.





# FOOD IS A HUMAN RIGHT



Ageing  
Australia

# Practical Recommendations

- Integrate **cultural responsiveness** into staff onboarding and training.
- Create **feedback loops** with CALD clients and families.
- Co-design **inclusive nutrition resources and screening tools** with experts and communities.
- Build systems that adapt to **changing demographics** and **evolving community needs**.

# Conclusion

- Enhance nutrition care through meaningful client engagement
- Ensure older adults feel heard, respected, and supported
- Reduce malnutrition risks and improves nutrition outcomes
- Promote **equity, dignity, and culturally inclusive aged care**



# Reflection

What is one step you will  
take in your own practice to  
strengthen cultural humility  
in nutrition care?

# Acknowledge:



- **Shane Klintworth** (Chief Executive Officer, MCCGC/CURA)
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# References:



- Australian Bureau of Statistics (ABS). (2021).
- Australian Institute of Health and Welfare (AIHW). (2023).
- O'Shea MC, et al (2024). Malnutrition Prevalence in Australian Residential Aged Care Facilities: A Cross-Sectional Study. Healthcare (Basel). 2024 Jun 28;12(13):1296.
- Purnell L. The Purnell Model for Cultural Competence. J Transcult Nurs. 2002 Jul;13(3):193-6
- Watterson, et al. (2009). Evidence-based practice guidelines for the nutritional management of malnutrition in adult patients across the continuum of care. Nutrition and Dietetics 66 (s3) S1-S34.



*Thank You*



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# QUESTIONS?