



Webinar: Applying a Trauma-Informed Approach to Nutrition Education for Newcomer Service Providers

September 12, 2024, 2:00 – 3:30 PM ET

Transcript

Introduction

Eugenia Gusev: Hello. Thank you for joining us today. My name is Eugenia Gusev, and I'm the new assistant director for Summer EBT or SUN Bucks for the Maryland State Department of Human Services. I will be facilitating this webinar with Leah's Pantry on trauma-informed nutrition today. I want to just quickly set the stage and say that we're very excited to have Leah's Pantry present to the Switchboard audience today on such a relevant topic.

EG: We also have some special guests joining us today from Washington, DC. This day happens to coincide with the Office of Refugee Resettlement's annual meeting for the Refugee Agricultural Partnership Program, known as RAPP. We have about 30 participants joining us from DC.

EG: Through my experience with food systems over the past 15 years, first with IRC and now with DHS, I have seen the need arise for approaches that teach nutrition or food systems navigation that are more approachable and support newcomer knowledge as well as their agency to navigate the U.S. food system. Service providers can sometimes feel that it is challenging to translate evidence-based nutrition and healthy eating guidance for a newcomer audience in a way that might be challenging to understand for populations with a less formal education background and that might not be as relatable.

EG: With the support of Switchboard today, we have the opportunity to have Leah's Pantry share their expertise on these topics to help us build a framework of understanding around how to best approach nutrition and healthy eating with newcomers through a trauma-informed lens. Today, we have 90 minutes to cover some of these topics as well as some practical examples.

Today's Speakers

EG: With that, I'm delighted to introduce the speakers. We have Monica Bhagwan, who is the director of curriculum at Leah's Pantry. She and her family fled political turmoil in Guyana in 1979, and she now resides in San Francisco. We also have Diana Cardenas, who is a training specialist at Leah's Pantry and who also immigrated to the U.S. from Mexico in 2006. We also have Eunice Rivera, who is a senior program coordinator at Leah's Pantry, and she and her family made their journey from the Philippines to the United States in 2016, and she resides now in Long Beach, California. With that, I'm going to pass it over to Eunice.



Leah's Pantry

Eunice Rivera: Yes, thank you so much, Eugenia. Hello again, everyone. My name is Eunice. Just a little about Leah's Pantry and the work that we do. We are a California-based nonprofit with a nationwide footprint in the area of trauma-informed nutrition. Our innovative work improves the health, wellness, and resilience of communities throughout the country. Our work falls into three areas. First, we facilitate workshops in our home communities. Second, we build the capacity of our partner organizations to take a trauma-informed approach to their nutrition and food security programs. Last, we participate in collaborative efforts to better integrate our approaches into larger initiatives across settings and sectors.

Learning Objectives

ER: These are the objectives we will be covering today. We will start by describing how newcomers have diverse and complex relationships with food. Then we will explain how both positive and negative experiences impact nourishment. We will then have a little break, and then we'll talk about designing trauma-informed programs that respond to newcomers' positive and adverse experiences with food. Then we will wrap up with practical approaches for delivering trauma-informed nutrition education to newcomers.

1. Newcomer's Experiences with Food: A Complex and Multifaceted Relationship

Food Is Complicated

ER: Let's get started with our first objective to describe how the complexity of food is part of the newcomer experience. Food is important to all of us, but it can be complicated. Our feelings about food are influenced by where we come from, our health, how much money we have, and especially our families. Think about how your doctor says to eat certain foods for your health, but those foods may be different from what your family usually eats or what you've gotten comfortable eating.

ER: When we help others with food, like in school or community programs, we need to remember that everyone sees food differently. Sometimes people might focus more on eating healthy foods, while others might think about food in other ways. Everyone has a relationship with food that is unique and important to them. When we think about food and helping others, let's remember it's not just about what we like or what is healthy. It's about understanding that everyone has their own special way of thinking about food.

Meaning of Food in Life

ER: Okay, so let's explore how food carries meaning and values in our lives. We have to remember that eating is not just about filling our bellies. With everything humans do, we create meaning and values.

ER: Meaning and values are what reinforces how we live and what we do, and food has meaning to us. A researcher named Naomi Arbib from Columbia University wanted to learn how people see food and what this says about how they eat, so she made a survey called the MFLQ, which stands for the Meaning of Food in Life Questionnaire.



ER: Here are some ways people find meaning in food. We also refer to these as domains. We have the aesthetic domain. A meal can be a work of art. You appreciate how food looks. Social domain, food connects me with my culture and community. I enjoy food best when I share it with others. Health, nourishing my body and mind matters. Sacred, food is part of my spiritual beliefs and practice. And moral, eating should be a morally and ethically responsible act.

Poll Questions

ER: Now, let's think about what food means to you. We are going to have an interactive activity to explore how food fits into different parts of your life. We will have you rank some statements for two different domains and ask you to choose a statement that resonates with you per domain that we present. Please prepare to scan the QR code on the next screen and prepare to scan that with your mobile device.

ER: All right, so this first one focuses on the moral domain. Moral domain means that you believe that eating should be a morally and ethically responsible act. With that in mind,

Meaning of Food in Life—Moral: Which statement most resonates with you? Please choose one.

ER: “My food choices are an important way that I can affect the world.” “When I eat food, I think about where it came from.” Or, “My food choices reflect my connection to nature.” Wonderful, we're having some responses come in. Let me just go down the list. If you selected number one, given this audience and the work that you do, that makes sense because clearly you do want to make an effect on the world.

ER: If you selected number two, this is another extension of ethics. The moral domain is heavy into ethics where you think about how your actions affect others and always trying to do what is fair, kind, and honest. Not only are you thinking of the plants or animals involved, but also thinking about the people who are preparing and providing this food. This is also connected to statement number three, also still in connection to people as part of nature.

ER: All right, it looks like we still have some answers coming in, but most of you have selected statement number one. Great. Keep that up.

ER: We will have another Slido. The next same question, different domain. This one will be about health:

Meaning of Food in Life—Health: Which statement most resonates with you? Please choose one.

ER: Do you get satisfaction knowing that the food you eat is good for your health? Does eating foods that are good for you bring comfort to your body? Do you feel that nourishing your body is a meaningful activity? Or do you eat in a way that expresses care for your body?

ER: Earlier when we looked at the statements in the moral domain, we were looking at things outside of us, and that want and desire to do what is kind, fair, and honest. Now looking at the statements that you see on the screen for the health domain, these are all internal questions. Our personal relationship to food and how that makes us feel internally.

ER: Now you can see that there's so many different responses. There are hundreds of you that signed up for this webinar from all over America and different parts of the world, and you can see from the results that we all



have different ways of thinking about food. Each one of us has a different relationship to food that is important to us in its own way. We are going to move on to the next screen.

Surprising Discoveries About the Drivers of Dietary Habits

ER: Now on this screen, you will see what researchers studied about how the way we think about food can affect what we eat. They found that social and moral meanings of food, like if food feels important for our community or the world, we are more likely to eat more fruits and vegetables.

ER: If the aesthetic domain is more important to you than the health domain is, like if you care about how the food looks more than how it nourishes your body, we might eat more indulgent foods like salty or sweet snacks. But if spiritual beliefs or the sacred domain is more important to you than the aesthetic domain, this makes us focus on functional foods like reading nutrition labels or buying healthy foods.

ER: Just like what we saw in the Slido activity, everyone has their own relationship with food that is unique and important to them. This research shows that our relationship and thoughts about food can influence what we eat more than just wanting to be healthy. This tells us that how we see food and its meaning in our lives matters in our food choices.

Awareness of the Meaning of Food in Our Lives

ER: Next, let's discuss how understanding these different meanings can impact your interaction with others. The way we think about food and what it means to us is a big part of how we live our lives. It's good to ask yourself, "What does food mean to me, and does this affect my work? Does it change the way that I think about and talk with others who see food differently?" For example, if someone thinks food is sacred, such as certain foods that represent spiritual or religious values, but you don't think about food that way, what can you do to understand why it is important to them?

ER: Just let that sink in a bit, because understanding these different meanings helps us work together better and respect each other's beliefs about food. When listening to people's stories about food, we should not just hear what they say about their experiences, but also pay attention to what food means to them and what they value about it.

Afghan Women's Focus Group: July 2024

ER: This summer, we asked our friends at the University of California San Diego's Refugee Health Unit to talk with Afghan women refugees about their experiences with food and settling into a new place. Today, we will share some of their words and stories with you, and throughout the webinar, some of us will also share our own experiences as immigrants.

ER: As we share quotes from this group, think about how food is important to you and how these new arrivals are finding new meanings in their food experiences. For these women, food means nurturing and mothering, but now that they're in America, that meaning is changing. Their family's eating habits are different because of work and school, but for people who were born here or have lived here a long time, this feels normal. For these new arrivals, it's a big change.



ER: Here's some of what they said. In this quote at the bottom, the family's eating habits have changed since moving from Afghanistan. While they used to have three meals a day together, their schedules now make it difficult to eat as a family. As a result, everyone eats at different times based on when they are hungry instead of sharing meals together. I can definitely relate with this. When my family and I were still living together, our work schedules were so different that even if we lived in the same house, we still missed each other.

ER: Now moving on to this quote on the top right, the children have developed a taste for foods like pizza. While the family does buy this for them, they worry about whether the food is halal. Halal means something is allowed or okay to eat in Islam.

ER: Because of the high cost of living here in California, rent is also a bigger concern. Just like what is shared by the mother who said this quote at the top left, that her first priority for her family is food, but here, both rent and food are equal in priority. For this mother, even if food is her number one priority for her family and for herself, the reality of her situation is that rent and food are of equal importance.

ER: These quotes show how food is important to their families and how life in America has changed their eating habits and worries about food. Let's self-reflect for a moment. Based on the quotes shared by the Afghan women along with your experiences working with newcomers, ask yourself this:

In what ways might the meaning of food in U.S. culture be different from newcomers' home cultures?

ER: How we eat is shaped by our past, our present, and how we fit into society. For many immigrants, the way Americans work and eat can be surprising. To me, food is community and family. I am the eldest of five kids, so I come from a family of seven. My grandmother also lived with us, so we were always cooking for at least 10 people. In the Filipino culture, we come from large families, and we love gathering together with family and friends and sharing food with everyone, and it was amazing.

ER: It was a huge adjustment when I moved out of my family's house and I had to learn to cook for myself and my now husband because it was a big change from having all of that, and then realizing and also that I just don't have that same sense of community and identity anymore.

Societal Considerations: Overview

ER: Here are three considerations when thinking about how newcomers might relate to food and food assistance services. There are others, but these are the ones that I will highlight today. We have women's roles and status, messaging and marketing, and trust in services and institutions. Let's start with how women's roles and status affect their food experiences and how they view things.

Societal Considerations: Women's Roles and Status

ER: Food and family are so important for many people, especially to immigrants and refugees. In the U.S., food is often thought of as something each person chooses for themselves, but for immigrants and refugees, food is often about family and taking care of each other. It's a love language and a sense of identity. In many immigrant home countries, women usually take care of cooking for their whole family, even the extended family, and when we move here, things change.



ER: For example, in Afghanistan or other countries, women usually don't drive, but in the U.S., we have to drive to get food for our families, and this could be a big adjustment. Sometimes moms who are used to working at home may have to work outside the home, which can change how families work. Dads might have to help more with cooking and feeding their kids. What was once a role only one parent played, which is also sometimes their sense of purpose, then becomes a shared task.

ER: My family and I saw this, and for years, the question of, "What is my role now?" was a new question that we never thought we would ask ourselves. Food isn't just about eating; it's also about culture and how families are organized and how they take care of each other. In the next slide, we will talk about messaging and marketing.

Societal Considerations: Messaging and Marketing

ER: In the U.S., food is different from what many immigrants are used to. Back home, food often comes from local farmers and markets, but here, there are many options, often from big companies. In some countries, people worry about not having enough to eat, but here, the focus is on eating healthy to avoid getting sick or gaining weight. Because of this, immigrants may trust some food ads more and start eating more packaged foods.

ER: For example, our director, Adrienne Markworth, talked to Iraqi moms who ate traditional dinners but started eating Special K cereal for breakfast. They saw ads saying it would help them lose weight. They had gained weight since coming to the U.S. Even though they missed their old food, their old traditional food, the promise of losing weight convinced them to change their diet anyway. This shows how new messages about food can affect everyone, especially immigrants who are learning new things about food in their new home.

Societal Considerations: Trust in Services and Institutions

ER: Now, the third and final societal consideration we will discuss today is trust in services and institutions. When refugees come to the U.S., they often come from unstable places with issues like money or politics. They might have had bad experiences with corruption or needing help from other countries or groups like the United Nations.

ER: In the U.S., there are many programs to help, like WIC. This program for women, infants, and children helps with food and health. There are many programs to help, both from the government and private groups, which is amazing, but can also be confusing and sometimes embarrassing to use.

ER: Free food is also given out, but sometimes they give out food that refugees can't eat because of their culture or health needs or sometimes just not knowing how to prepare it. Sometimes previous experiences of shaming or trauma can affect when seeking help. Like one of the Afghan women shared that her husband was too scared to write his own name on papers and needed help filling them out. Again, all this help is amazing and can also feel overwhelming and very different.

ER: Thank you so much for your time. Now I'll hand this off to Diana, who will talk us through trauma and resilience.



2. Trauma and Resilience: The Relationship Between Positive and Adverse Experiences and Nourishment

Diana Cardenas: Thank you so much, Eunice. Eunice highlighted the complexities of food for newcomers, including dietary preferences and adjusting to U.S. food systems. We discussed the important role of cultural identity in fostering a sense of belonging. We also explored societal factors like the influence of women's roles in community dynamics and resource access. These insights show how the relationship with food can be more complex for newcomers, impacting their overall health and well-being.

DC: Now let's move to Objective 2, trauma and resilience. We'll examine how positive and adverse experiences affect nourishment. We'll identify signs of trauma and its negative impact on nutrition, as well as signs of resilience and how positive experiences can then help well-being. Let's begin with a review of common sources of trauma for newcomers.

Sources of Trauma

DC: Those who come to the U.S. are likely fleeing violence and displacement from their homes. They face profound challenges such as loss of self-determination, livelihood, and unreliable food supply, always struggling with the fear of losing their lives or ability to survive. While threats to survival are sources of trauma, it's important to note that this is not trauma itself. Trauma occurs when an experience overwhelms the body's stress response system, pushing it beyond its optimal functioning.

Trauma is the event, experience, effect.

DC: Let's look at this graphic, the three E's. We see that trauma isn't just about the event itself; it's about how the person experiences it and the effect it has on them. We all have had unique life experiences and genetics that shape our nervous system's sensitivity to stress. Therefore, what causes trauma for one person might not for another. Think about two kids in the same family coming to the U.S., and only one ends up with parent and social support at school and the other does not. One kid may flourish in the U.S., and for the other, the experience of immigration may leave lasting trauma.

DC: Further, trauma can look different for different people. It's important to realize that trauma occurs in the body and nervous system of the person who experiences it. This is not something that's just happening in their head.

Grief and Loss

DC: It's important to recognize that grief and loss are near universal to the refugee experience. While it isn't necessarily trauma, it can be experienced in the same way. Even those who leave as young children may feel grief and loss. Monica has a quick story about her personal experience with grief and loss.

Monica Bhagwan: Thanks, Diana. This is a picture of my family at the airport in Guyana seeing off a relative who might've been either going to the U.S. or to England, which was common during this era. Our family immigrated being forced to leave behind our money and possessions when I was just five. I can still taste rolled-up roti and curry that we ate, which was our tradition in the airport parking lot. At least a dozen of our family members came to see, our extended family came to see us depart for the U.S.



MB: Throughout my childhood in the United States, I would have dreams that I now recognize as grief about returning to all the cousins and aunts and uncles that I grew up with. This loss could have been traumatic, but because I had good family support upon arrival and during my life in the U.S., I didn't experience it as trauma.

Resilience

DC: Thank you, Monica, for sharing your story. Family support, as we will talk about next, is a huge resilience factor. When we discuss resilience, we refer to the body and mind's ability to adapt, to manage adversity, tragedy, threats, or stress. Resilience isn't an all or nothing trait, but it sits on a spectrum. Everyone has the capacity for resilience.

DC: Building resilience involves experiencing manageable stress and having the internal and external resources to cope with it. People tend to develop resilience when they navigate difficult situations with adequate support and resources. However, facing adversity or trauma without sufficient internal and external support can diminish our resilience.

DC: This is why your role in supporting newcomers through your attention, your presence, your assistance, your kindness, or your resources like food aid and government assistance is crucial. You help guide them through challenging times. You are part of the crew steering this boat through rough waters. Food plays a significant role in providing protective and healing factors, reinforcing connections, and building community.

Communal Values as Protective Factors

DC: Next, I will discuss the factors that can help develop the internal and external resources for navigating adversity and healing from trauma, also known as protective factors. As I do, let's consider the role food plays in each.

DC: These communal values are key protective factors and are often found within immigrants themselves. Let's go through them. Starting with agency, self-determination, and hardiness. Collective responsibility and interconnectedness. Supportive, caring, and cohesive communities. Traditional knowledge, values, and rituals. Being treated as special, feeling valued. Finally, positive cultural ethnic identity.

DC: One focus group participant shared their experience, and I quote, "We had a hard time because everyone worked. I didn't know how to cook or even how to use the microwave to warm milk for my daughter. I would cry, but when relatives visited, I'd hide my tears and act happy."

DC: In this example, the inability to cook undermined the participant's sense of agency and self-determination. Strong families and communities are the bedrock of resilience. However, immigrants often face additional challenges as their families and communities also experience trauma or transformation from migration. This can erode their resources of security and their feelings of belonging.

DC: Eunice described her own experience saying, "Not recognizing your family because everyone is going through it." This reflects the loss and change that she felt. Restoring these protective factors is essential. For instance, our focus group participants took pride in sharing their cooking with new American neighbors, which helped them feel valued and connected.



Healing Practices as Protective Factors

DC: Now let's talk about healing practices. Here are some habits of daily living that we can think of as healing practices, starting with time in nature, natural daily movement, having a plant-based diet, and spiritual practices and connection. These are widely recognized to promote longevity and life satisfaction. These are also often embedded in daily norms of traditional communities through rural living, livelihoods, subsistence farming, gardening, and religious practices.

DC: Make a note and notice how the multiple meanings of food is naturally embedded in these practices. Cultures and traditions connect us to something outside of ourselves and give us a sense of belonging in the world. They also reinforce practices that create physical and social-emotional health that gives us resilience and strengthens our well-being, not only in the short but in the long term. They are dependent, of course, on the place, society, and community one belongs to. This too can be disrupted when there's migration. This reinforcement of communal and protective factors has been shown to be effective for migrants and refugees. This is a starting point for working with people who have experienced trauma. Your resilience is key.

Reflection Questions

DC: Ask yourself this:

What protective and healing factors do I have in my life? Which ones do I need support around?

DC: Making sure you have enough of what you need to do this work and hold the difficult experiences your clients are having is the most important thing you can do. As we will discuss next, you cannot support others if you do not have nervous system regulation and are not able to be in your own window of tolerance.

DC: Before we transition to discuss a regulated stress response, I thought we could get a little regulated ourselves. We've been sitting for a long time. Maybe you're standing. You're listening to a lot of information. I'm going to encourage you to stand up and stretch or do whatever you need to do to reset. I like to bounce on my chair when I'm sitting. Today I'm standing, so I'm going to be just stretching my calves. Please stand if needed. Please do what you need to do to feel regulated as we will transition into the second half of this section.

A Regulated Stress Response

DC: Now let's break down what it looks like when we experience stress. At the top, we have hyperarousal, which is also known as fight or flight. In the middle, we have our window of tolerance. And at the bottom, we have hypoarousal, which is also known as fawn or freeze.

DC: When a person is regulated, they are in their window of tolerance. Maybe we're experiencing something just moderately stressful, like we're running late for an appointment or, as it always happens, I lost my keys somewhere. This is represented by the small lightning bolt on the screen. We may get activated and go towards either hyper- or hypoarousal. Resilience is the ease in which you can return to this window of tolerance or return to it after you're experiencing stress.

DC: This image shows a regulated stress response. The person experiences stress and moves up or down towards hyperarousal but is able to stay in the window of tolerance.



Window of Tolerance

DC: The window of tolerance is a less reactive and more responsive part of the nervous system. Being in our window of tolerance is where we are using our thinking brain. We're mentally flexible and we might be able to relate to others. Most importantly, we're able to regulate ourselves. We can make decisions or solve a problem. We have to be in this zone to do things like meal plan, shop at the grocery store with our kids, or when worrying about not overspending. It's important we are in the zone when navigating a complicated application process for food or government assistance as well.

DC: Acute or frequent adversity and stress shrink our window of tolerance, while having support and care widens it. It allows us to cope with challenges and resist illness and disease. Supportive relationships, calming environments, and healthy habits help us to widen our window of tolerance, which makes it easier to stay in that regulated state. This is important because we can better help others when we ourselves are in that window of tolerance. Clients can also better solve their problems when they're in that state as well.

Survival Response: Emotional Symptoms

DC: Now that we have seen what it looks like when a person can stay in their window of tolerance, let's see what it looks like when they cannot. The lightning bolt on this slide is much larger than before. Instead of simply losing your keys, this must be something like violence, displacement, or resettlement. When something is experienced as very life-threatening, our stress response can take us out of the window of tolerance, and we go into hyper- or hypoarousal. Now we see how someone is pushed up into hyperarousal and they may feel anger, anxiety, chaoticness, and hyperactivity, or maybe they go down into hypoarousal and feel depressed, they're withdrawn, shame, or feel lack of motivation. Either way, they are out of their window of tolerance.

DC: What we call PTSD is when there is a prolonged activation of the survival response, which causes people to get stuck in either hyper- or hypoarousal, making daily living really difficult. Resettlement is an additional challenge when recreating family and community with other dysregulated people with these symptoms. Think of clients you might have had with these symptoms. Were they able to carry out the tasks of resettlement? Were they able to look after themselves or family members? How did these symptoms affect you? How did you respond? Maybe understanding client reactions as signs of trauma can help us respond with more sensitivity.

Survival Response: Health Impacts

DC: An overactive or stuck stress response can also affect health. For one, food may become a way to regulate out of our hyper- or hypoarousal stages. People often end up consuming high amounts of sugar, caffeine, fat, and carbohydrates in an effort to regulate their nervous systems. Because the body is not in rest and digest, which is the optimal state of health, there are some other physiological impacts. In fact, trauma is associated with the development of diseases like diabetes, high blood pressure, kidney disease, and asthma. Newcomers are especially susceptible or may already have these illnesses. Therefore, access and the ability to navigate medical care and quality nutrition is extremely important.

DC: Recognizing the signs and symptoms of trauma and resilience can help us gauge the appropriate response to others, as well as identify signs of burnout or overwhelm for ourselves.

Where do food and nourishment fit into the picture of trauma and resilience?



Nourishment and Resilience

DC: Let's start by talking about how nourishment supports resilience. First, a healthy body and brain support resilience. Next, good nutrition also plays an important part in maintaining our physical, mental, and emotional well-being. In addition, we have a great deal of emphasis on weight here in the U.S., but weight is not a very good measure of health. Having purpose in life, feeling belonging, and connection are more significant to good health.

DC: Finally, although we are discussing how to support immigrant health, when you look at immigrant dietary habits before coming to the U.S., they are generally more supportive of good health compared to the habits of native-born citizens with similar demographics and socioeconomic status. Immigrants tend to have diets that are higher in whole ingredients like fruits and vegetables, unprocessed meats, beans, nuts, and seeds. They also tend to move more and have more connection to family, community, nature, and agriculture. However, these good habits often disappear over time as they adjust to life in the U.S. This is called the immigrant paradox.

Does the food environment support resilience?

DC: Supporting dietary health for newcomers may be more about helping them maintain the habits and traditions that they already have rather than having them change their diets. The food environment and marketing in the U.S. are full of processed foods and literally feed the body's stress response. Diets with a lot of processed foods are often associated with poor physical and mental health. Many of these foods are marketed in low-income communities. Processed foods lack the nutrients needed to build health. Further, they capitalize on the body's cravings for fat and sugar when we're feeling stressed, which can make the problem even worse. Navigating this is central to ensuring good health for their new lives in the United States, but this can be tricky.

Hierarchy of Food Needs

DC: As we have already discussed, health is not only the meaning of food in people's lives, and the meaning and relationship to health is not universal. People have a variety of needs when it comes to their food intake. It can really help to look at Ellyn Satter's hierarchy of food needs. She identifies that our food needs are prioritized differently.

DC: Survival needs start first at the bottom. This means having enough acceptable foods. In the middle, we have emotional needs like the need for reliable or tasty food. If these are both sufficiently met, we can more easily meet our needs for new or novel foods, which is at the top, and use food intentionally for things like health or a special diet prescribed by a doctor.

DC: Ask yourself this: What would it feel like if you were at a buffet filled with foods that are unrecognizable to you? There are things there you don't even associate with food. You're not sure if the food is acceptable, but then someone approaches you and encourages you to try a new dish. It might leave you feeling alone or very uncomfortable. Depending on the day or circumstance, each of us might have a different food need.

DC: All of that is normal. For many of us and for newcomers and refugees, even if our survival and emotional needs around food are being met, choosing healthy food in a food environment that literally feeds the stress response can be really challenging. Our survival and emotional needs for food are more short-term and we are



wired to try to meet those needs at all costs. Our intentional use of food is a longer-term need, but it's just as important, especially when you consider our current food environment. A healthy diet is essential to long-term survival and short- and medium-term resilience.

DC: As professionals, our habits for addressing nutrition or food access with others can often be overly reliant on information, giving directions, or trying to fix problems and challenges for them and treating food as an instrument. This approach might ignore that they are stuck in the survival or emotional needs as we reviewed in the previous slide. Or we might be overly focused on getting them food access, meeting their survival needs, but not really recognizing that there's a need for tasty or healthy food.

Reflection Question

DC: Ask yourself this question:

What food needs do you usually spend time talking about with clients or others?

DC: Do you spend time talking about the survival needs, so considering making it to the end of the month or accessing food? Do you spend time talking about maybe emotional needs, like their cultural foods or comfort meals, having reliable resources, or even pleasure in their food?

Focus Group Quotes

DC: Building awareness that everyone has different needs and priorities when it comes to food is essential, especially in the space of supporting our newcomer communities. Let's look at some examples of how food can fall into these three different areas of survival, emotional, and intentional layers.

DC: This focus group participant came from Afghanistan with a lot of fear of being left hungry or starving, but now, her mind isn't preoccupied with the survival need of food. "In Afghanistan, we were thinking about food, but gratefully, we have that here. We are not worried about being left hungry or starving." After newcomers access reliable food assistance and programs in the U.S., the survival need for food may be better met. Now they can think longer term.

DC: Some immigrants come from cultures where housing is communally shared. This, combined with the high cost of rent, may mean that their limited dollars go to housing now before food. Our focus group participant shared, "Our first priority here is rent. In Afghanistan, our first priority was food because here, our apartments are rental, so we first think about rent, and then about food." Another participant shared, "To tell you the truth, rent comes first for my family because if we don't pay the rent, we are fined, so we lose more money. Even if the EBT card doesn't last until the end of the month, then we won't have money to use to buy food for the days we don't have our EBT." Finding space in their lives and mental bandwidth to also consider making healthy choices can be really challenging and more so for them, but that doesn't mean it's a topic to be avoided. We just have to make it meaningful.

DC: Thank you so much for your time. Now we're going to go into a three-minute break before objectives three and four, and we will bring you back in three minutes. Let's get back here at 2:46. Hopefully, that's the right time on Pacific Standard Time. Yes, we'll see you soon.

[pause]



MB: Welcome back. I hope that break was enough regulation for you to continue on for our last half of this webinar. In the last section, we discussed the emotional and psychological challenges newcomers face due to displacement, cultural adjustment, and potential past trauma adversity. We also identified resilience and protective factors and explained how food fits in this picture of adversity and resilience. In this next section, we will consider how to shape and approach food and nutrition programs for newcomer communities that recognize the impact of trauma and the factors that support resilience.

3. Designing Trauma-Informed Programs that Respond to Newcomers' Positive and Adverse Experiences with Food

Trauma-Informed Programs: Overview

MB: In this section, first we are going to identify common programmatic strategies undertaken by newcomer agencies and identify the challenges that you as staff may face when addressing clients' food and nutrition needs. Then we'll discuss how trauma-informed approaches can be used to address some of these challenges, followed by a discussion of how to incorporate a trauma-informed approach to your current work.

Common Nutrition Support Strategies

MB: These are the most common nutrition support strategies that we've identified that agencies and staff are involved in. You may do some or all of these. You provide resources for finding free or affordable food in the community. You may facilitate client access to government nutrition and food security programs. You support learning around recognizing healthier food options. Many of you connect clients to sources of culturally appropriate foods. Each setting where we engage newcomers is a challenge and opportunity to educate them about U.S. food systems and how to meet their nourishment needs.

Discussion Question

MB: Let's now talk about how to address the challenges and open up opportunities using a trauma-informed approach. Get ready. We're going to do another interactive activity:

What are some common challenges that you face when engaging newcomers around food and nutrition issues?

MB: Your own challenges, not your client's challenges. What are the issues that you face when you are addressing these food and nutrition needs? Again, you can type in slido.com and use that code or use that QR code with your phone.

MB: Helping clients locate the food they want and need. Limits on WIC food, interpretation, financial status. Inadequate referrals, yes. Culturally appropriate foods at food pantries. Sugar. Oh, we're going to cover several of these. These are great answers. Thank you for highlighting those challenges. These answers will keep popping up. But as appreciated and essential that assistance can be, tension is inherent in navigating food resources. It just seems to come with the territory.

[silence]



MB: Hopefully, these answers can resonate with many of you. Maybe you find some of the challenges yourself even if you didn't answer these questions yourself. We can go to the next slide.

What makes this difficult?

MB: What makes this difficult? Insecurity and lack of trust often exist alongside resources and aid. Clients may bring misconceptions and self-judgment and shame for needing aid, in addition to facing external judgment and social stigma.

MB: One client in the focus group said to the facilitator that as a doctor in Afghanistan, she was just “not familiar with getting help with like this,” because she was a doctor previously. Even in times of material need, humans just strive to preserve their dignity and status. That's just normal.

MB: There are also institutional challenges. Our systems and agencies are imperfect and under-resourced. Bureaucracy limitations and politics are embedded, heightening anxiety. Many newcomers in the focus groups were particularly fearful of making mistakes when accessing public aid, and some may still feel the shadow of threats by some politicians to penalize them or deport them for doing this.

MB: We also know that, as staff, these challenges can contribute to burnout and feed into difficult workplace dynamics. Some of you may even deal with vicarious trauma from knowing of the suffering that clients have faced. Overall, there is potential for a lot of tension and a lack of psychological safety for clients and staff, making it harder for everyone to trust, interact, make changes, and learn new things.

Honesty and Transparency

MB: We're not going to be able to remove all the harms and fears from people's lives, but we can create environments that reduce or avoid adding on tension, fear, or harm. We can do this by leading with honesty and transparency.

MB: Start with honesty about the presence of adversity, tension, shame, institutional trauma, and staff struggles. We can also be honest about the feelings of stigma, isolation, or feelings of not belonging. These feelings are often underneath the barriers people face. Being able to name these uncomfortable issues can create a window for dealing with them more openly or at least acknowledge their presence.

MB: Honesty and transparency also help to create clarity and establish realistic expectations. You may not be able to address those challenges you mentioned earlier, but helping clients anticipate setbacks and challenges can really reduce the tension. Trauma results from a loss of ability to protect and take actions towards one's own welfare and the welfare of their loved ones.

Trauma-Informed Programs

MB: In trauma-informed programs, it's important to restore a sense of personal power and aliveness. Our programs can address both the practical and emotional needs for security and dignity clients may be trying to meet around food. They can reinforce agency and self-determination by highlighting the opportunities that people do have to make decisions for themselves and to have some control over the way they live. While we can provide essential material resources and knowledge, we want to support protective factors, which bring the vitality that is needed to sustain well-being over the long term.



MB: Now let's talk about how these trauma-informed approaches can be integrated in the nutrition support strategies we identified earlier.

1: Provide resources on finding free or affordable food in the community.

MB: Let's start with providing free or discounted produce in this local community. For years, Leah's Pantry has worked with local food banks and food pantries to ensure that newcomers have access to culturally familiar foods and to create an avenue for strengthening community connections. You can contact your local food bank agency relations team, which is a great way for you to help the food banks prepare for a new community of refugees who may be arriving. For example, in San Diego, we had an increase in Haitian refugees without having a lot of experience with that population, so we helped them hold focus groups with newcomers and created food pantry resources that aligned with their food preferences.

MB: As many migrants and refugees are very used to growing their own food, you can also seek out connections with community gardens. This photo is taken in Indiana, where community gardens are growing squashes and pumpkins for distribution to their Myanmar Chin population. In San Diego, a local Kaiser hospital donated land for Iraqi Chaldean farmers to do community gardening. These strategies just give newcomers a personal investment and make getting handouts less alienating and create a sense of belonging.

MB: Here are three more ways to take a trauma-informed approach with this strategy. First, make warm referrals. Don't refer to agencies you don't know. Take some time to get to know the agencies so that you can give a client an idea of what to expect when they call and reach out. Second, lean on resources that have a history of supporting newcomers. Third, think beyond food banks and gardens, and connect with local community centers that serve these communities. Even if they don't provide food, they can provide valuable and culturally relevant information on where newcomers can find help to meet their food needs.

2: Facilitate client access to government nutrition and food security programs.

MB: Now let's think about facilitating client access to government nutrition and food security programs such as SNAP and WIC and School Lunch. Accessing these programs is crucial for newcomers. However, newcomers may have prior negative experiences with government institutions, so there may be fear or feelings of intimidation. Programs can be cumbersome and complicated, and policies regularly change, and outreach workers don't necessarily know for certain whether clients will be approved, and that's frustrating for applicants. How can your program use a trauma-informed response to help?

MB: Learn about how your county establishes eligibility for federal assistance and what previous experiences people have had with your local service providers. That way, you could ensure newcomers have the support and information they need to navigate these resources.

MB: Remember to also be honest and transparent about both the opportunities and limitations these aid programs present. Preparing clients realistically for these challenges can protect them from some of the application stress, and you can plan to support them when they feel disappointed, frustrated, and isolated.

MB: As we found in the focus groups, newcomers also find great relief and support when they can directly connect with more established immigrants who have gone through these processes, such as applying for SNAP, so encourage the building of newcomer networks.



3: Support learning around recognizing healthier and desirable food options.

MB: Next, considering all the available food options in a new country can be challenging, especially if you're facing language or accessibility barriers. Supporting learning around recognizing healthier food options in the supermarket helps clients to make informed choices for their own health, so things like learning to read a food label and package can be useful.

MB: This skill can also help clients meet their needs for acceptable and desirable foods. Helping clients to find foods that they want and like both improves their food access and reinforces dignity. One of our agency partners reports that understanding which foods are halal was a big factor in whether parents in their community let their kids eat school lunch. Being able to read food packages and school menus allowed them to feel more comfortable with allowing their kids to eat what their classmates were eating. School lunch programs have been shown to improve kids' nutrition and academic achievement, making them a helpful food resource for newcomer families.

4: Connect clients to sources of culturally appropriate foods and cooking supplies.

MB: As advocates for newcomers to the U.S., many of you also play an important role by just connecting them to culturally familiar ingredients and markets. Doing this not only supports food needs but also provides an opportunity to have continuity with their heritage and helps them build a sense of community and belonging in their new home.

MB: Besides cultural connection and belonging, the acts of obtaining food, cooking, and feeding oneself and one's family are central aspects of life that can promote dignity and self-determination, so thinking about how they can also obtain familiar cooking supplies can make the difference for refugees as they adapt to new cooking environments. We have stories about how getting the right equipment made it possible for participants to prepare traditional dishes.

MB: One focus group participant spoke of getting a pressure cooker so she can prepare a traditional stew, while another proudly said, "I handle these challenges by either getting donations or buying the dishes and equipment needed to prepare the food we used to eat in Afghanistan, and also my kids' eating habits became a little bit better from when we were in the hotels." These opportunities restored a sense of normalcy, dignity, and confidence in being able to take care of their family in these new contexts.

MB: Finally, non-food connections, such as helping newcomers find faith communities, can bring valuable opportunities for clients to experience the sacred and celebratory aspects of their food culture and traditions.

Empowering Experiences

MB: In closing the section, I want to say that being confronted with a different society, different cultural norms, and unfamiliar treatment is not only a negative or painful experience. Establishing a home, acquiring some basic materials, and being able to shop with EBT can be an experience of empowerment. A good example is this quote from a focus group participant. "It was hard in the beginning, but once we found our needed things, it was easy to go back to our traditional ways."

MB: Helping clients find food and nutrition resources can go beyond food security and access. Simply by connecting clients with others who can relate to their experience can help reduce their sense of isolation and



shame. For example, those who attended the focus groups found that experience, just of sharing their stories with others in the focus group itself, to be very healing. This is to say that depending on how nutrition and food issues are confronted and addressed, you can support newcomers to obtain the emotional resources that they need to adapt to their new environment on their own terms, which is really the hallmark of resilience.

[silence]

4. Practical Approaches for Delivering Trauma-Informed Nutrition Education to Newcomers

MB: Now to our final objective. We've discussed how programs can be trauma-informed and reinforce resilience. With this foundation, it's easier to have one-on-one conversations that not only deliver help, nutrition guidance, and information but really reinforce our clients' capacities to adapt to change and move forward in their new lives. This is what we're going to discuss next. We've already talked about the complexity of food, especially in the context of migration, but this doesn't mean we have to have overly complicated conversations. With the approaches described in this section, you can have simple but meaningful conversations with your clients about food and nutrition.

Practical Approaches: Overview

MB: First, I'm going to give you a foundation centered on modeling, regulation, and resilience. Then you will learn some skills for compassionate and strengths-based conversations. Finally, we will apply these ideas to discussions about healthy food choices and weight.

Discussion Question

MB: It's time again for you to share:

What is one word that describes how you feel about having nutrition conversations with clients?

MB: What feelings come up to you when you're having these conversations? Do you feel worried, anxious, unsure, confident?

[silence]

MB: Compassion, nervous? Right? Lots of you are saying "confident," "unsure," and "compassion." It's a mix. "It's privilege." Right. Empathy. These are some big feelings. Understanding and nervous. Right, so many of us have a mix of feelings. Scared and hopeful. Wonderful. I hope the end of this conversation leaves you feeling hopeful and a little bit more confident. Okay, we can go to the next slide.

Support a Regulated Stress Response

MB: We know that food insecurity stress and trauma and eating too many highly processed foods can lead to long-term poor health or worsen existing health problems, so nutrition conversations are important. We also know that addressing food and nutrition can be stress-inducing for newly arrived immigrants and refugees. Nutrition may not be their top priority, so how we approach these conversations must be handled with some



care. The question is, how can we have compassionate and dignifying conversations around nutrition? And how can these conversations help reinforce resilience?

MB: You might assume that you have to study nutrition or know things about nutrition to be able to do that, but using a trauma-informed approach will empower you to have these conversations anyway even if you're not in a nutritional profession. To have these conversations where clients can be open to new information, try something different to learn and grow, we must be able to have trustworthy interactions and conversations. We do this by demonstrating empathy, patience, and openness.

MB: To do this, you must be in your window of tolerance. Before and during conversations, check in with yourself. Are you able, in this moment, to be flexible and curious? The best way to maintain flexibility and curiosity or to bring it into these moments is to just practice some regulating activities, some of those healing practices, and cultivating those protective factors that we talked about earlier, and doing this outside of work so that your body is trained to respond to difficulty when you need it. If you're not regulated, you just can add to your client's stress.

MB: Next, you want to determine if those individuals, your clients, are in survival mode. Do you see signs of fear, anxiety, distress, or avoidance in the conversation? That means their emotional capacity for dealing with something like food is limited. You may just have to be more gentle or help them find what they need to resolve those issues first, so no pressure to have these conversations if someone is not ready. If the other person is not someone regulated, your ability to work with them or assist them can be impaired, so you just need to go slowly.

MB: Finally, you always want to practice co-regulation in any of your conversations. This means using your own tone of voice and body language to help others be in their window of tolerance. For example, if someone is distressed because they had to argue with three different staff at WIC, you might have to put your phone out of the way, lower your voice, and just make some good eye contact. An important part of creating an environment where people can take in new information or share challenging things is for you to cultivate and model resilience.

MB: To do this, it's helpful to acknowledge vulnerability and emotional weight associated with food issues. Bring an attitude of curiosity, open-mindedness, and possibility by using open-ended questions, and avoid trying to predict what the answers should be or could be. Have a relaxed attitude towards food. Our relationship to food should not be anxious and stressful. Remember, our bodies are resilient and we don't need the perfect diet.

MB: Recognize everyone has the capacity to be wise, creative, and resourceful. Even with your body language and your tone and your words, they shouldn't just convey empathy but also show that you have confidence in the client's ability to manage their challenges. This also means encouraging self-advocacy since believing we have control over our lives is central to our resilience. I'm going to invite Eunice to share her wonderful story about her family's experience with cultivating their resilience as newcomers.

Cultivate and Model Resilience

ER: Thank you, Monica. Yes, so let me just go ahead and share this story. When we first arrived in the U.S., my family and I were given an uncooked Butterball turkey from a pantry, as it was Thanksgiving season. Being



immigrants, Thanksgiving was a bit of a mystery to us. It wasn't celebrated in my home country; it's not part of my people's history; and we had never eaten turkey before.

ER: Come to think of it, I think the first time I'd ever seen an actual turkey was when we went to the zoo. Since it looked like a giant chicken, we figured that we could cook it the same way. With limited food options, getting the turkey was super exciting for us. We saw all the meals it could make and all the days we could have food. We decided that we wanted to boil it up and make soup, hoping that we could stretch it out and then freeze portions for later, but I don't know if you've ever smelled what boiling turkey smells like? [chuckles]

ER: It's absolutely awful. It smelled like death. We quickly realized that turkey isn't meant to be boiled straight from thawed. Our excitement turned into disappointment as we ended up with something that we can't eat and had to throw away, and it was absolutely disheartening.

ER: That experience taught us resilience and curiosity. Even though our attempt failed, we learned to approach the unfamiliar with open minds and to be resourceful with what we had. We started asking more questions about how to prepare food we didn't know much about. Now Thanksgiving is a reminder of how far we've come. What was once a sad story is now a funny and cherished memory that we share each year, always with something other than turkey.

MB: I love this story. If you can model this attitude maybe by owning your own story of resilience, your clients will be more able to successfully bring it into their challenging moments.

Common Topics

MB: Conversations about food can be wonderfully connecting and difficult, so it's often both, and here are some nutrition topics that might come up in your conversations. There's label-reading. This can be confusing because labels are just confusing, and we all may look at different things and read labels differently.

MB: Sugary drinks. They can be a way for parents to provide an affordable treat for their kids, but the over-availability of these in the U.S. can be harmful to health. Processed foods. Many newcomers come to appreciate the taste and convenience of processed foods like other Americans, but, again, these can contribute to poor health.

MB: Weight. Weight is especially one of those difficult conversations. There's a lot of disinformation, as well as shaming in our media. We have mixed messages, from worry-inducing messages about overweight and obesity next to newer messages about body positivity and weight neutrality.

MB: Weight is a complicated problem for almost everybody in the U.S., so let's use this as an example of how to have helpful conversations. As we shared earlier, newcomers often gain weight in the U.S. because of our standard American diet and less active lives. There are also many like my mom, who grew up with UN initiatives to address severe undernourishment, and she's always worried about my kids not eating enough, rather than them overeating unhealthy foods, which is much more likely.

MB: These topics really mean different things to different cultures and in different contexts. There's diversity even if people are from the same place. This is why there are limits to cultural competence or trying to base our response on what we know or we think we know about a culture. We might also be inclined to start with facts



and information. Look, our clients will be better served if we can drive our conversations with curious and meaningful questions that allow them to discover what is true for their own lives.

Have Compassionate and Joyful Conversations

MB: You have permission to let go of trying to know everything, deliver a message that is unapproachable or one that you don't even practice in favor of one that is flexible, open-ended, compassionate, and even joyful. To do this, you can first honor the rich meaning of food in our lives. As discussed earlier, meaning is a big driver for how and what we eat, and this can open up the conversation.

MB: To begin, think about if nutrition or weight messaging has challenged the meaning of food in your life. For example, does hearing about the keto diet that involves eating a lot of meat challenge your values about animal consumption? Whatever it is, reflect on how this might look for you. Then, in a conversation about weight, you might bring up whether worrying about weight challenges someone's family or social relationships, their spiritual values, their enjoyment of food.

MB: Next, learn to let go of assumptions and outcomes. This can be very hard for some of us. Your expectations and biases can get in the way, so start with awareness of how you feel about your own body size. Is weight loss important to you? If you take a weight-neutral perspective, which is weight doesn't define health, how do you interpret the other person's feelings about their own weight? Do you need to let go of your belief that weight isn't a problem so they can discover what's right for them? Or if you came up believing that being heavy means you're bad at controlling your diet, can you be open to the possibility that a client's weight would have to do with something else?

MB: Remember to address things, finally, in the context of community and relationships. Our daily practice of eating is relational, so be attuned to how this plays a role in their concerns.

MB: Think about the messages that come to each of us about weight from health care, family, cultural, and media. How do they affect you? Do you believe what they say? What is confusing? With clients, you could ask, "How can concerns about weight impact family mealtime or the whole family or whether family members contribute to weight change?" You don't have to have all these conversations. You can just have the ones that you feel you could have with authenticity and vulnerability.

MB: Your job here is not to tell someone how they should think about weight or what to do; it's to create an opportunity to explore what is most important to them. Starting conversations with those frames, we then can proceed to helping them take an action that they find valuable and doable.

Have Strengths-Based Conversations

MB: Change can be painful and daunting, so when engaging clients on new skills and practices, we at Leah's Pantry believe the most impactful and empowering conversations are strengths-based.

MB: Rather than approaching conversations starting with deficiencies, with, "What are you doing wrong? What should you be doing instead?" a strengths-based conversation identifies a starting point from where we can move forward in a positive direction. With the previous conversation about the family impacts of weight issues, you could ask clients about ways they wish to address the issues in their own families. You can also help them



consider ways to still honor the various meanings of food in their lives while adopting new habits to manage health or as a way to address their weight concerns.

MB: Another way to take a strengths-based approach is to think about past successful actions. For example, while suggesting a particular diet is not recommended, you can help clients think about how they've taken care of their well-being in the past and whether this can be applied to their goals now. For example, if they joined an immigrant support group to help them adjust to their new lives, maybe the next step can be to invite someone to go walking with them.

Case Study: Reading a Food Label

MB: To wrap up today, let's apply all these strategies more closely to teaching someone a skill, such as how to read a food label. A food label is a critical piece of information about what you're buying and an empowering skill as you get to know a new food system. Part of a trauma-informed approach is to reduce confusion and feelings of inadequacy, so it's important to ground the conversation in why the information might be important or useful to your client rather than explaining everything there is to know.

MB: Listening to what they want before launching into an educational piece would really help you to identify which two to three things you want to share. Tying those two to three things to their personalized concerns is more effective than doing a standard nutritional label walkthrough for each client. There's just too much information and it's too overwhelming. Here are some questions you can ask both yourself and your client.

MB: First, do you think food labels are important? This doesn't mean you skip the conversation; it just means that you know where you all are starting from. It's also okay if you don't spend a lot of time on food labels in your own personal life. In fact, figuring out options for healthy eating on a food label is as much about what to ignore as it is about what to emphasize, which really can put you in control of your options.

MB: You can share with your clients that they can safely ignore the front of the package, which is designed to be misleading, and let them know we're all confused by this, and just focus on the ingredients list and nutrition facts label.

MB: Another thing to think about is, what is or might be important to you or your client when they read food labels? This is an opportunity to consider the bigger picture of this issue in our lives, such as family or beliefs, as well as to ensure the conversation is relevant. Finding out if there are health issues for them or their family that are impacted by diet, such as hypertension or diabetes, can mean they have an added need to focus on sugar and salt.

MB: Next, you could ask about ways that they currently go about selecting a healthy option. This is an opportunity to highlight a strength and capacity that they already have, which is a better starting point for building a skill.

MB: Another effective question is, "What is a wish or hope for what you could be able to do with a food label?" This could be significant for newcomers and opens up their curiosity. You can also share what you're curious to know, and you can try to learn things together. Maybe it's understanding what's on the ingredients list. Many immigrants aren't looking to go gluten-free, but they may wish to find out what foods have pork or beef, for example, or in the case of diabetics, sugar, which is sometimes tricky to find. Together, you may want to find



out all the types of ingredients in packaged foods that are made from pork or beef, or all the names of sugar that are easily disguised with other words.

MB: Finally, close off your conversations with questions such as, “Of all the things we’ve discussed, which one would be the most helpful in the immediate future?” to pinpoint one or two realistic actions that the person can do, because adopting small actions is the most effective strategy for bringing change into one’s life.

[silence]

Summary

MB: We’re now at the end of this webinar, and, to review, we discussed the relationship to food and the ways that newcomers have a multifaceted and complex experience with food. We explained the relationship between positive and adverse experiences in nourishment. We identified ways to design trauma-informed nutrition education programs that respond to positive and adverse experiences and that incorporate the different ways we relate to food. Then, we applied practical approaches for delivering trauma-informed nutrition education to newcomers with compassion and connection.

Your Action Items

MB: We don’t expect you to remember all the details shared today and to be able to immediately apply them. Just start by using the following questions to guide your next steps. What do I need to keep in mind when supporting newcomers who may have different experiences, values, or priorities in food and life? What is the experience of obtaining services and resources in my county like? And how do I expand and nurture my own relationship to food, nutrition, and well-being? Thank you for joining us today.

Q&A Panel

EG: Thank you so much to our speakers. I know I already noted some takeaways for myself, so I hope it was just as useful for everybody in the audience. We have a little bit of time for questions and answers. We have a couple that are queued up in our Q&A, and then also you guys can keep adding them from the audience as we go through them.

EG: The first question that we have is from Janessa White,

[What if clients feel that the foods that are WIC-approved are not culturally appropriate?](#)

MB: I hope you heard some examples in the presentation already. Connecting them to other immigrants might be one way, so there’s some more experienced immigrants who might have navigated the challenge of figuring out what is appropriate for them and have adapted. That could be one way you can do that. You can also do some more questioning: “What’s difficult about this product? What is challenging?” And finding out ways that you can communicate with WIC about how a client can access more culturally appropriate items. Those are just some of the starting points.

EG: That’s great. There’s another question about accessing CHES credit for this.



MB: Yes, you have a good answer for that? I'm not CHES accredited, so I'm not sure about how those credits work.

EG: Okay. We have another question from Austin Wanga:

Sometimes food patterns could be affected by preexisting underlying mental health issues like comfort foods when a person is low and poor appetite when stressed. What is the best approach in handling the two presenting situations?

MB: Right, so I'm going to assume you're not a mental health practitioner. If in the course of conversation, you discover that a client may be dealing with some of these mental health issues, the first step may be helping them access some support, and when they can handle the next step of food and diet, that's the appropriate time to bring in the diet and appetite piece.

MB: You can also focus on just getting them to have consistency and regularity in whatever they eat. It doesn't necessarily have to be the type of food, but having more sustained habits and routines around food might be a more appropriate thing with someone who's dealing with some mental health issues. The first choice wouldn't necessarily be fixing the types of foods they eat, but thinking about other ways that they need some structure and some support in their lives.

EG: That's great. We have a couple of more questions, and I apologize if I mispronounce your name. We have a question from Ji-Bin Chen:

I'm currently supervising nutrition students, and I manage a program at a nonprofit that provides intensive medical case management to refugees and migrants. What do you think is the most important things they should be mindful of?

MB: Right. Having worked with nutrition students, there's a lot that they learn, so newcomers and anyone, really, who aren't in the nutrition world like us can easily get overwhelmed, so really keep your messages simple and basic. Really, it goes without saying, I think it's a common phrase, but start where people are. That means asking these questions to really determine, where is somebody starting from? Where is their emotional health? Where is their support system? Getting a better sense of where they are starting from before addressing some of the bigger nutrition issues. Yes.

DC: I would also add that if there's something that you want them to be mindful of is staying regulated themselves, right? They're in an environment with a lot of energy. When we went through our section of Trauma and Resilience, I really do think some of the points there would be really helpful for your students.

EG: Thank you both. One last question. Alemnesh Kassaye wants to know,

Thank you for the excellent presentation. Can you share the slides?

EG: Yes, we will be sharing the slides and the recording very soon. You should all be receiving that. All right, so it looks like we're out of questions. We're also almost out of time, so I think we're going to move on to the next couple of slides. We'll be sharing key resources, so hang on.



Conclusion

Reviewing Learning Objectives

EG: We already recapped what we covered, right? We described the ways that newcomers have multifaceted and complex experiences with food. The speakers explained the relationship between positive and adverse experiences in nourishment. I talked about the design of trauma-informed nutrition education programs that respond to positive and adverse experiences that incorporate the different ways we relate to food, and then we looked at some applications of all of these things together that resulted in practical approaches to delivering trauma-informed nutrition education to newcomers with compassion and connection.

Feedback Survey

EG: Help us help you. There's a very quick survey that is very helpful for Switchboard in terms of understanding the needs of the audience and what things you liked, what things you're interested in learning more about. Please take 60 seconds, use your phone to use the QR code there to give Switchboard a little bit more feedback so they can bring on more excellent speakers to you. Let's take a moment for that. Then, after this, I will share a couple of more resources that you will find probably very useful if you're still interested in learning more about trauma-informed nutrition approaches.

[pause]

Recommended Resources

EG: All right. We have some recommended resources here. We have the EatFresh Mini-Course that is self-paced and will teach you more about basic nutrition. We have eatfresh.org. This is a website that's a great resource for finding recipes for food that newcomers may be unfamiliar with. We have a couple of articles as well that were referenced including the MFLQ Survey that was mentioned at the beginning of the slides, and another article talking about the meaning of food and consumer eating behaviors.

Stay Connected

EG: With that, if you would like to stay connected with Switchboard, there's many ways to connect, as you can see, on LinkedIn, on social media, and through the Switchboard website.

EG: Thank you, everybody. Thank you, the speakers, and thank you to Patricia Pineda who was in the background, who has organized all of us and has been switching the slides for us. Thank you, everybody. Have a great day.

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