HOW-TO GUIDE

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Community Nutritionary®

Reaching Ethnically Diverse Audiences

In the next 50 years, the ethnic mix of the US population is expected to change dramatically. The Latino population could become the nation's largest minority group, increasing from 12% in 1999 to 24% of the US population by 2050. The Asian and Pacific Islander population is expected to more than double its numbers, from 4% in 1999 to 9% of the US population by 2050. During this time period, the African American population will also increase from 13% to 15% of the population. At the same time, many states are experiencing an influx of new immigrants and ethnic groups, particularly in the South. Thus, nutrition and other health professionals need to develop cultural competency to work effectively with their ethnically diverse clientele.

While learning about cultural food habits and beliefs is important, developing cultural competency is probably more about cultivating a mindset of values, attitudes, and skills. Being respectful, cooperative, and open minded are particular keys to cultural competency. Culturally competent health professionals are flexible and look for multiple explanations and points-of-view. They are enthusiastic about interacting with other cultures, alert to behaviors that may be insensitive, and willing to use many different ways to communicate and resolve problems. Where language barriers exist, medically trained, culturally competent interpreters are employed. To provide effective services, greater investment of time and energy may be needed. Nutrition and other health professionals need to realize that failure to invest the time may lead the clientele to conclude that the provider is not only culturally insensitive but also professionally incompetent.

To move toward greater cultural competency, nutrition professionals should first examine their own cultural biases and beliefs. Then, they can begin to explore respectfully the cultural beliefs and food habits of their clientele. In working with recent immigrant groups, the immigrant's level of acculturation and education are equally important to consider, along with country of origin. For instance, Spanish-speaking Latino adults have Healthy Eating Index scores (65.11) that are higher than those of English-speaking Latinos (62.73) and non-Hispanic whites (63.11). However, within a particular Spanish-speaking subgroup, educational level can vary from no formal schooling to having completed a university or professional degree. Low educational level tends to offset the beneficial effect of ethnicity in reducing total fat, saturated fat, and cholesterol intake in this population. Thus, to be most effective, printed and other nutrition education materials must segment the target group and tailor messages according to country of origin, acculturation (including English proficiency), and educational level. Since some nutrition professionals will encounter ethnically and educational mixed audiences to an increasing extent, nutrition education in a small group setting may need to rely more on facilitated group discussion, with an emphasis on problem-solving, rather than formal lecture-style presentations.

Community nutrition interventions can be described using a spectrum of intensity (see box). Different levels of intensity are appropriate for different situations. Nutrition professionals can use this framework to determine the best strategies for resolving problems in their ethnically diverse communities.

A CONTINUUM OF CULTURALLY RESPONSIVE INTERVENTIONS

- **Culturally neutral:** Interventions that represent standard practice, usually developed by Anglo health professionals and tested with an Anglo clientele
- **Culturally sensitive:** Standard interventions are modified to meet the needs of an ethnic subgroup, usually by using bilingual/bicultural materials, incorporating ethnic foods, and considering issues of access to care
- **Culturally innovative:** Interventions that actively and intentionally tap into cultural themes and symbols to develop culturally meaningful messages to be delivered through appropriate channels. These interventions may use social marketing techniques and involve key social institutions (churches, tribal councils) and networks (clans, neighborhoods)
- **Culturally transformative:** Based on the principles of social activism, these interventions aim to identify hidden or tacit power relations and then partner with communities to change aspects of the social system, thus improving nutrition and health

FOR ADDITIONAL INFORMATION:

Tripp-Reimer T, Choi E, Kelley LS, Enslein. Cultural Barriers to Care: Inverting the Problem. *Diabetes Spectrum* 2001; 14 (1):13-22. Aldrich L, Variyan JN. Acculturation Erodes the Diet Quality of US Hispanics. *Food Review* 2000; 23(1).