Unit 9 Diversity of Food Choices

Lesson 1: Nutrition in a Multicultural Environment

“If we cannot end our differences, at least we can help make the world safe for diversity”¹
John Fitzgerald Kennedy (1917-63) US states. Speech, American University (Washington, DC), 10 June 1963

The United States is a land of beautiful diversity—diversity of peoples, religions, educations, and work experiences to name a few” (Frank, 2008, page 177).² Frank discuss the impact of this diversity “The richness of this mosaic creates challenges for community nutrition professionals who attempt to meet the various nutritional needs of diverse individuals and groups” (Frank, 2008, page 177).³ A need for cultural competency exists because “…community nutrition professionals who work with multiethnic groups” must “assess eating behavior and nutritional status…” as part of effective nutrition education approaches. (Frank, 2008, page 177, ¶1)⁴

Working in a Multicultural Environment

Gail Frank discusses how “The US population today is one of multiethnic groups living in geographic areas that do not resemble their homelands” (Frank, 2008, page 178)⁵ and for this reason “Working successfully in a multicultural environment demands and understanding of the culture of each group and the cultural university as well as the values unique to each ethic group” (Frank, 2008, page 178, ¶1)⁶

To respect and accept a cultural groups’ beliefs and behaviors…community nutrition professionals may have to study individuals and their broader community-based structure, incorporating community leaders into decision-making positions, forming coalitions, and employing residents from within the community... as …actions a community nutritionist can take to acquire cultural sensitivity and respect. (Frank, 2008, page 179, ¶2)⁷

To help nutrition educators and others who work in multicultural environments, the University of Ohio Extension Center (n.d.)⁸ developed models and resources known as “Fact Sheets” (University of Ohio Extension Center (n.d.))⁹

Nutrition Education Resources: Fact Sheets

A series of nine fact sheets from the University of Ohio Extension Center (n.d.)\(^{10}\) provide examples of nutrition education models based on cultural diversity. Each of the nine fact sheets with teaching implications for educators working with nutrition issues is available for the following cultural groups:

- **Cultural Diversity: Eating in America, African-American, HYG-5250-95**
- **Cultural Diversity: Eating in America, Amish, HYG-5251-95**
- **Cultural Diversity: Eating in America, Appalachian, HYG-5252-95**
- **Cultural Diversity: Eating in America, Asian, HYG-5253-95**
- **Cultural Diversity: Eating in America, Hmong, HYG-5254-95**
- **Cultural Diversity: Eating in America, Mexican-American, HYG-5255-95**
- **Cultural Diversity: Eating in America, Middle Eastern, HYG-5256-95**
- **Cultural Diversity: Eating in America, Puerto Rican, HYG-5257-95**
- **Cultural Diversity: Eating in America, Vietnamese, HYG-5258-95** (Ohio State University, n.d.)\(^{11}\)

The University of Ohio fact sheet for each culturally diverse group

... is designed as an awareness tool for a novice working with a cultural group previously unknown to them. Given the nature of the variations that exist in each cultural group (i.e. socio-economic status, religion, age, education, social class, location, length of time in the United States, and location of origin) caution needs to be taken not to generalize or imply that these characteristics apply to all individuals of a cultural group. This fact sheet was designed primarily for use in Northeastern Ohio, but may stimulate awareness of differences in these cultural groups in other parts of the country. The goal of this fact sheet is to assist a novice educator in reducing any cultural barriers that may inhibit education. The author strongly recommends continued reading and additional research into the cultural groups in which you work. (Ohio State University, n.d.)\(^{12}\)

**Teaching Implications: African Americans**

Educators or presenters should focus on the way food is prepared, encouraging families to provide low-cost, nutritious alternatives by modifying the sodium, fat, and sugar content of traditional foods. Simple changes in diet might include substituting herbs for high sodium seasonings, increasing the amount of vegetables and decreasing the amount of meat, removing the fat and skin from meat, and eating more fresh vegetables and fruits. Cutting calories and eating smaller portions should also be encouraged. Some families may resist change because of family traditions. If this is the case, ask them to submit a list of their favorite foods and recipes and then discuss how to modify them. Any opportunity to include information on exercise and teaching their children and teenagers good nutrition should also be taken. Any stereotyping or assumptions that "all" Black people like the same foods and have the same lifestyle should be avoided. Neither do "all" adhere to poor diets, have no concern about their health, have bad cooking habits, or lack nutritional understanding and health education. Taboos about child rearing and nursing are usually common or adhered to if older grandparents are heads of households. Few teenage African-American mothers

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breastfeed, but it is common with older mothers. Infant feeding methods vary with pressure from parents when babies are crying. Young mothers might give cereal along with formula because they think the infant is hungry. (Ohio State University, n.d.)

**Teaching Implications: Amish**

Because of their desire to remain separate from the world, sharing information and new ways of doing things with the Amish can be difficult. Very few have telephones and most do not attend public meetings. Going to their homes, places of business, or schools may be the best method of contact. Because the man is the head of the household, he should be approached first. In some groups, going through the bishop may be necessary. (Ohio State University, n.d.)

**Teaching Implications: Appalachian**

An effective teaching strategy may be to relate healthy eating to the overall benefit of the children in the family. Children are highly valued in Appalachian families. If adults select healthier foods or preparation techniques for the sake of the children, the adults themselves might also begin to eat healthier.

As with many of us, change is sometimes difficult to accept. This is also true of Appalachian audiences. Try teaching the concept of cutting down, not out, or cutting down gradually. For instance, suggest changing from whole milk to two percent to one percent. This would meet with more acceptance than telling the audience to switch from whole milk to skim milk.

Substituting foods or preparation techniques would be more accepted as well. For instance, suggest that instead of frying chicken, family members try a recipe for oven-fried chicken with the skin removed.

Because dried beans and peas are popular, encourage families to continue to eat these high-fiber foods instead of high-fat meats. Because quite a few people in the Appalachian community still garden, classes to update food preservation techniques would be useful. (Ohio State University, n.d.)

**Customs and Family Traditions**

Breastfeeding is an acceptable practice in the Appalachian community, but not nearly as many young mothers adopt this method of feeding their babies as nutrition specialists would like. Also, the recommendation to hold off feeding infants solid foods until five to six months of age is hard for this group to accept.

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Sunday dinner was, and to some degree, still is a special meal. A typical "big" dinner might include several different meats, five or six vegetables, gravy, biscuits, pickles, preserves, pies or custards, coffee, and milk.

The typical American holidays are celebrated with food, friends, family and fun.

**Teaching Implications: Asian**

Bowing is important, but most Asian-Americans will shake hands. Bowing is a gesture similar to waving.

The elderly, children, and pregnant women are held in high esteem.

Most Japanese women in the United States breastfeed their babies. Thai women usually breastfeed their children up to age two. Many Korean parents bottle-feed their babies. New Korean mothers eat seaweed soup for the first month after delivery; the soup is believed to cleanse the blood.

Positive health factors related to diet include: low incidence of heart disease, bowel cancer and breast cancer.

Major diet-related diseases or concerns include stomach cancer and lactose intolerance. (Ohio State University, n.d.)

**Teaching Implications: Hmong**

Hmong people are a very happy and hospitable people. Many times in teaching situations they will constantly nod and say, "Yes." Keep in mind that this means, "Yes, I am listening to you," not, "Yes, I understand."

Hmong do not feel comfortable with direct eye contact and do not like to be touched on their heads. This is linked to their animist religion, and is not a sign of low self-esteem or disrespect. (Ohio State University, n.d.)

**Teaching Implications: Mexican American**

Health care providers need to understand Hispanic culture, beliefs, norms, food practices, and terminology to assist clients. Providers need to support and stimulate the preservation of healthy cultural food practices among Mexican-American clientele. When appropriate, suggest modifications of traditional dishes that are high in sodium, fat, and sugar. Increase clients' knowledge of healthy food selections from typical American fare. Gain support from clients' families to enhance their acceptability of the diet. (Ohio State University, n.d.)

The diets of pregnant Mexican-American women of marginal social and economic standing are deficient in dietary iron, vitamin A, and calcium. Encourage the consumption of low-fat

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cheeses, lean red meat, fresh fruits, and vegetables. Monitor beverage intake, as carbonated soft drinks and presweetened drinks are widely consumed. Breastfeeding is widely practiced in Mexico, although most Mexican-Americans use infant formula. Weaning children from the bottle at one year of age is not widely practiced. Baby bottle tooth decay is common in toddlers, suggesting that the child is put to bed with a bottle. (Ohio State University, n.d.)

Teaching Implications: Middle Eastern

The ability to work effectively with persons from culturally diverse backgrounds, such as those from the Middle East, is important. Many people from these cultures observe Muslim and Eastern Orthodox religions, which influences the kinds of food chosen and/or how the foods are combined. Muslims do not eat any form of pork or meat that has been slaughtered without mentioning God's name. Muslims cannot drink alcoholic beverages or foods flavored with alcohol. Middle Easterners have a high incidence of lactose intolerance, and therefore fresh milk is not widely consumed. The wide use of olive oil in food preparation attributes to a diet high in monounsaturated fatty acids and a culture commonly known for lower blood pressures. (Ohio State University, n.d.)

Teaching Implications: Puerto Rican

Teachers may benefit from developing a trust relationship and engaging learners on a personal level. For example, when passing out papers, hand them to each individual rather than passing them down the row. This will show that "personal touch." Also, do not be offended if you are asked personal questions. Puerto Ricans typically like to touch and feel close (both physically and emotionally) to those around them.

Enlisting the help of a member of the community - such as an elder or older woman, both of whom are well-respected - may benefit your presentations. An indigenous educator that speaks the language is also beneficial. When using written materials remember that many people cannot read English or Spanish.

Possible meeting places may include the church or English-as-a-Second Language classes. Teaching the women may be easier. Frequently, however, the men's support is needed before the women will listen. (Ohio State University, n.d.)

Guidelines to Assist Vegetarians with Meal Planning

Gail Frank offers the following guidance to help vegetarians with meal planning for healthy nutrition:

- Limit low-nutrient-dense foods, such as sweets and fatty foods
- Choose whole or unrefined grain products and use fortified or enriched cereal products

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• Use a variety of fruits and vegetable products
• Eat a good food source of vitamin C
• Use low-fat or nonfat milk or dairy products
• Limit egg intake to 3 to 4 yolks per week
• Have a reliable source of Vitamin B₁₂
• Take vitamin D supplement if exposure to sunlight is limited
• Give vegetarian and non-vegetarian infants who are solely breastfed past 4 to 6 months of age a supplement of iron and vitamin D if exposure to sunlight is limited

(2008, page 218, Exhibit 4-6)²²

Teaching Implications: Vietnamese

Education is extremely important to the Vietnamese. Their learning system emphasizes memorization and repetition, not critical study. Vietnamese show great respect to elders, superiors, and strangers. They clasp both hands against their chests to welcome. Shaking hands is seldom done; a smile and nod would suffice. Beckoning with a finger is a sign of contempt used toward an animal or inferior.

Vietnamese people tend to be excessively polite and delicate. Because frankness and outspokenness are usually considered rude, true feelings are often veiled. Vietnamese people may just smile and nod when they do not understand you. Keep in mind that this means, "Yes, I hear you," or, "Yes, I see what you mean even though I don't truly understand it!"

Vietnamese are typically friendly and giving people. Hospitality and food are related. A Vietnamese person might not ask, "How are you?" but "Have you eaten yet?"

They love to give gifts, but it is considered rude to open them in front of people.

Summary

"Various resources are used by health professionals and the public in planning..." managing and making food choices. Taking into consideration the ethnicity, cultural, and racial influences on those choices is important for nutrition educators to recognize. Knowledge about various teaching implications for nutrition educators who strive to meet the various nutritional needs of diverse individuals and groups" (Frank, 2008, page 177).²³ As Gail Frank points out, "A need for cultural competency exists because "...community nutrition professionals who work with multiethnic groups" must "assess eating behavior and nutritional status..." as part of effective nutrition education approaches. (Frank, 2008, page 177, ¶1)²⁴