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Addressing Health Disparities With Practical Solutions

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Healthy People 2020 defines health disparities as differences found in specific health outcomes linked to environmental, social, or economic barriers. According to the Centers for Disease Control (CDC), diabetes is a health condition that overwhelmingly affects racial and ethnic groups. There are many determinants of health, such as education level, socioeconomic status, health insurance, and availability of nutritious food and health services, that have been identified as barriers to diabetes care.

Access to culturally sensitive health care providers (HCPs) is often overlooked as a determinant of health. In the restaurant and food services industry, providing good customer service can make or break a business. For a restaurant to thrive in a community, research is done to learn about food preferences that then serve as the foundation for successful menus. When assessing health care services, providing culturally sensitive diabetes care is a service that needs to be viewed in the same light. In effort to take this approach, one must ask:

- How knowledgeable am I about the communities I serve?
- Are my teaching methods and materials culturally competent for the communities I serve?
- What changes are needed in my teaching methods and materials to meet the needs of the communities I serve?

This article will provide diversity terms and examples of available culturally competent nutrition resources for HCPs working with people at risk for and people with diabetes (PWD).

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Terminology

The first step to providing culturally sensitive diabetes care involves assessing one's knowledge of diversity terminology, specifically, cultural humility, sensitivity, and competence. These terms are often used interchangeably but hold quite different meanings as follows:

- Cultural sensitivity: the delivery of health information based on ethnic/cultural norms, values, beliefs, and social, environmental, and historical factors unique to specific populations
- Cultural competence: the knowledge and ability to work with culturally diverse populations regardless of language, customs, beliefs, values, communications, and actions of people according to race and ethnicity
- Cultural humility: the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the person

In practical terms, cultural sensitivity focusses on one's ability to provide diabetes care that is based on the cultural/ethnic beliefs and values of the individual. Cultural competence demonstrates one's knowledge and effectiveness in being able to work with different ethnic/cultural populations. Cultural humility requires being an active listener to understand an individual's or group's needs, which is an essential skill to providing person-centered care.

Reflect on your own understanding of these terms. Do you understand their meanings and their differences? A good understanding helps develop a strong foundation for providing culturally appropriate diabetes care.

Barriers

Once familiar with cultural humility, sensitivity, and competence, the next step is to ask this: "Am I currently applying these concepts when providing diabetes care and, if not, why not?"

Time constraints, access to culturally competent resources, and financial limitations are all possible barriers to providing culturally sensitive diabetes care. Let's look at each and discuss realistic applications to remove these barriers.

Time Constraints

In most cases, a significant time commitment is required to research, create, or revise diabetes education materials to meet the needs of different ethnic/cultural groups. Inpatient diabetes care and education specialists (DCESs) often experience a high volume of patients and are limited in the amount of time they can spend with each patient. Outpatient DCESs may have more flexibility and be able to meet with clients in varying time allotments. In short, they may have more time to look for culturally sensitive resources.

A tag-team approach may be helpful when time constraints negatively affect diabetes care. If you work on the inpatient side of diabetes, reach

ETHNIC/CULTURAL DIABETES NUTRITION RESOURCES

1. Diabetes Care and Education Dietetic Practice Group. *Cultural Food Practices.* Chicago, IL: Academy of Nutrition and Dietetics; 2010.
2. Shields S. *L'Chaim: 18 Chapters to Live by.* Jerusalem, Israel: Brand Name Publishing; 2012.
3. Patel RR, Balasubramanian A, Jannu H. *The Healthy Indian Diet: How Traditional Foods of South Asia Help Prevent Heart Disease, Diabetes and Cancer.* Houston, TX: Patel; 2011.
4. Indian Health Service website. Division of Diabetes Treatment and Prevention. Education Materials and Resources (Online Catalog). https://www.ihs.gov/diabetes/education-materials-and-resources/index.cfm
5. Oldways Cultural Food Traditions website. https://oldwayspt.org/ (free download versions of educational materials available)
6. The Institute for Family Health website. Healthy Plates Around the World. https://live-institute.pantheonsite.io/health-care/services/diabetes-care/healthyplates/ (contact to receive PDF versions of education materials via email)

Déjeuners 2 CHOIX DE CARBHYDRATE 14 unités d'insuline avec chaque repas	Déjeuners 3-4 CHOIX DE CARBHYDRATE 14 unités d'insuline avec chaque repas	Dîners 3-4 CHOIX DE CARBHYDRATE 14 unités d'insuline avec chaque repas	Casse-croûte 1 CHOIX DE CARBHYDRATE
• pain de 2 tranches (2) • Mayonnaise sur le pain • Café avec le spenda	•sandwich doux à souterrain de teriyaki de poulet de 6 pouces (4)	ragoût d'agneau de tasse de ½ (1) • riz de 1 tasse (3)	• 3 tasses du maïs éclaté (1)
• Pain anglais (2) • 1 oeuf • Beurre • Café avec le splenda	• Tilapia cuit au four ou grillé • riz de 1 tasse (3) • 1 ½ met en forme de tasse les haricots verts (1)	• Viande (poulet, boeuf, agneau) • 2 petites tortillas (pour roulez se lève) (2) • Petit épi de blé (2) •	Petite pomme (1) • 1 tranche ou fromage
• farine d'avoine régulière de 1 paquet (1) • 1 pain de tranche (1) • 1 oeuf • Café ou l'eau	•Poulet cuit au four •pain de 2 tranches (2) (peut faire un sandwich) •Banane entière (2)	1 paquet ramen des nouilles (4) • boeuf grillé (bifteck) ou agneau • salade	•1 yaourt à faible teneur en matière grasse (1)

15 grammes de CARB = 1 CHOIX OU PORTION DE CARB

Figure 1. Sample meal plan translated to French

Figure 2. Colorful handouts help increase engagement

out to colleagues on the community or outpatient side who may have resources readily available or be willing to look for or create resources to meet your patient's needs. It never hurts to ask! And don't forget to refer to outpatient or community diabetes care services, if available, to continue to provide culturally sensitive support.

Access to Culturally Competent Resources

As DCESs, effective communication is imperative in helping PWD improve their glucose numbers. A main barrier to diabetes care is the lack of culturally relevant education materials that also address health literacy. Fortunately, there are many books and websites that provide helpful information and resources (see Sidebar). Most focus on a 3-compartment plate structure similar to the USDA MyPlate, whereas others provide a food list preference or food pyramid structure. Some resources are available to download for free.

Financial Limitations

When department budgets are tight, it may be difficult to obtain culturally appropriate educational resources to meet the varying needs of patients. However, when you can provide materials in a person's native language or that feature graphics of familiar foods, you are communicating that you are listening and that you care.

Although a full array of diabetes education videos and food models representing different cultural/ethnic backgrounds would be ideal, this is not feasible for most practices. Fortunately, it's not required either.

Culturally appropriate materials do not have to be expensive to be engaging. Computer programs such as

Power Point and Publisher can be used to create personalized meal plans. Internet resources such as Google Translate are useful for translating sample meal plans into native languages (Figure 1). This gesture of active listening can lead to trust building, but always ask the patient first for consent to use a translation program.

When creating education materials, try to produce them in color rather than plain black and white (Figure 2). It makes a difference when the objective in to promote engagement. In the movie *The Wizard of Oz,* for example, audiences become more engaged once the screen switches from black and white to technicolor. Pictures, images, and fewer words are also important for increasing engagement.

Case Study 1: Eli

Eli is 46 years old and has a 2-year history of type 2 diabetes. He has been adhering to the metformin regimen prescribed by his primary care physician, who recently recommended that Eli visit an outpatient diabetes education center to gain more tools for improving his blood glucose levels.

Eli meets with a registered dietitian nutritionist/certified diabetes care and education specialist (RDN/CDCES). Eli shares with the RDN/CDCES that he is an Orthodox Jewish rabbi who believes the Torah could be used as a resource for managing his diabetes. He states that he wants to learn more about the relationship between diet and glycemic levels.

Eli shares that he is interested in a book written by a nutritionist, PhD, and professor at New York University who uses passages from the Torah that specifically highlight the connection between a healthy diet, physical activity, and wellness of the body. Aware of the book's disclaimer that it is for "educational purposes only," Eli asks if the RDN/CDCES would read it and provide feedback about whether the information could be used in conjunction with "traditional diabetes education resources." He also shares that he is familiar with carb counting; however, he is not interested in its application. The RDN/CDCES says she is happy to read the book and share her findings.

At Eli's next visit, the RDN/CDCES tells him that the book highlights many healthy behaviors that can be applied to manage glycemic levels. Eli is delighted. He and the RDN/DCDES work together to create a sample meal plan, combining carbohydrate portion control and Kosher diet principles.

By Eli's follow-up visit, his average blood glucose has decreased from 184 mg/dL to 138 mg/dL. Eli thanks the RDN/DCDES for listening to his request. The RD/CDCES thanks Eli for participating in his care and for providing insight and learning that can help her when working with others from his community.

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Case Study 2: Femi

Cathy, an inpatient CDCES, enters the room of a patient named Femi who was recently diagnosed with type 2 diabetes. Femi was born in Tanzania but moved to the United States a few years ago.

Femi speaks little English and often relies on her husband to translate. With help from translator services and Femi's husband, Cathy provides glucometer and medication education using the teach-back method and colorful handouts with pictures of the steps to check one's blood glucose.

Cathy then asks Femi about her eating habits, and Femi hesitantly provides a list of different foods, including stews, vegetables, rice, and beans. Cathy looks at her handouts on carbohydrate counting and realizes that the materials she has are not culturally appropriate, but they are all she has on hand.

Although Femi's husband reads English, and both he and Femi say they appreciate the available handouts and the time Cathy has spent with them, Cathy questions whether she is providing the best care for Femi. Short on time and with 12 other patients to see before her shift is over, Cathy must decide whether to give Femi the handouts she has or take additional time to better meet her patient's needs.

Cathy decides to call a colleague in outpatient diabetes services to help create a culturally appropriate sample meal plan. The colleague, an RDN/CDCES, is able to use the information that Femi provided along with Google translator and OldwaysPT.org, a site that offers heritage diets for several cultures, to create a personalized meal plan translated into Swahili.

Femi and her husband are extremely grateful and tell Cathy that "she did not have to go through the trouble" to give them a meal plan in their native language. Cathy replies, "I know it's not perfect and the translation may be a little off, but I simply want to help you feel better."

Summary

Culturally sensitive health care providers are key to providing culturally sensitive diabetes care. Becoming familiar with diversity terminology, assessing your own competence, and being aware of available nutrition resources are imperative. It takes time and patience, but making the effort sends a genuine message of support to those most impacted by health disparities. Let's provide great customer service!

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REFERENCES

Association of Diabetes Care Educators and Specialists Practice Paper. Cultural and health literacy considerations with diabetes. Published 2019. Accessed September 4, 2020. https://www.diabeteseducator.org/docs/default-source/practice/educator-tools/cultural-and-health-literacy-considerations-with-diabetes.pdf

Caballero EA. The "A to Z" of managing type 2 diabetes in culturally diverse populations. *Front Endocrinol.* 2018;9. doi:10.3389/fendo.2018.00479

Centers for Disease Control. National diabetes statistics report, 2020. Accessed April 21, 2020. https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf

Diabetes Care and Education Dietetic Practice Group. *Cultural Food Practices.* Academy of Nutrition and Dietetics; 2010.

Healthy People 2020. Health disparity. Accessed September 4, 2020. https://www.healthypeople.gov/2020/about/foundation-health-measures/disparities

The Institute for Family Health. Healthy plates around the world. Accessed August 10, 2019. https://live-institute.pantheonsite.io/health-care/services/diabetes-care/healthyplates/

Oldways Cultural Food Traditions. African heritage diet. Accessed August 10, 2019. https://oldwayspt.org/traditional-diets/african-heritage-diet/african-diaspora-cultures

United States Department of Agriculture. History of Dietary Guidelines. Dietary Guidelines for Americans website. https://www.dietaryguidelines.gov/about-dietary-guidelines/history-dietary-guidelines. Accessed March 17, 2022.