

# Cultural Considerations in Diabetes MNT

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## Learning Objectives

By the end of this session participants will be able to

- Identify Ethic and Cultural Diabetes Resources for Nutrition
- Recognize the difference between cultural competence, cultural sensitivity and cultural humility
- Be familiar with ways to deliver more relevant, culturally competent care for diabetes MNT

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## How I Grew in Cultural Competence

- Public Health: Diverse Staff, Migrant Workers, Rural Health
- Diabetes Education in Virgin Islands
- Foreign Missionary: Haiti, Puerto Rico
- Diabetes Education Classes: Grocery Store Tours

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## Diabetes Self-Management

- Nutrition is Cornerstone – Dietary patterns influenced by

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## Effective MNT

- Become familiar with food client eats
- Use Carb counting resources for their culture and in their language
- Use pictures and ethnic food models
- Ask questions about what they understand about diabetes; medications and any challenges
- Use plain language ( say belly instead of abdomen)
- Include Family

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## Culture

The Knowledge, beliefs, customs and habits a group of people share.

Different cultures have various styles of learning, access to medical care, medication beliefs and acceptance of chronic diseases.

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## Cultural Competence

- Cultural competence: Your ability to work with and knowledge of diverse groups
- Cultural Sensitivity: The way you deliver information
- Cultural Humility: Ability to relate from their point of view

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## Cultural Competence

- Is Not Enough!



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## Cultural Sensitivity

- The way information is delivered based on what you know about the foods eaten, health beliefs, environmental factors unique to a specific group
- For example if someone from the Phillipines tell you that rice is a central part of their diet at all meals. Explain that it is not the food that effects BG but the amount. Use food model of one cup rice instead of telling them that they cannot have rice.

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## Cultural Humility

- Mutual respect for a person, their beliefs, customs
- Genuine Interest in who they are and what they are struggling with

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## Case Study

- SH, 68 year old female from Korea, here with her husband, newly diagnosed Type II, Alc of 8.9; very stressed with eating because she was told she can't eat anything she normally eats.

Delighted when I shared information in her language. Showed Korean Plate method showed her portions using plate method.

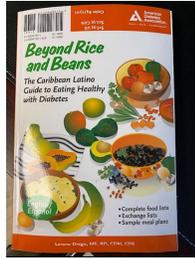
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## Case Study

- RM, 31 yr. old Asian Indian, vegetarian accept yogurt and eggs, Type II, 7.7 Alc, worsening; BMI 39; does not speak English, husband speaks English, taking metformin and also has hypothyroid and trying to conceive
- After explaining what blood sugar numbers meant and how medication worked they both felt much better and especially when I defined CHO foods and how much she could have using Asian Indian CHO food list

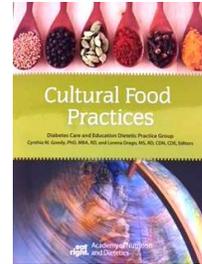
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## Resources



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## Resources



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## Resources

<https://www.diabeteseducator.org/practice/practice-tools/app-resources/cultural-competency-health-literacy-and-numeracy>

<https://ethnomed.org/resource/how-foods-affect-blood-sugar-a-guide-for-latino-patients-with-diabetes/>

[Healthy Meal Planning - Reach Coalition | EthnoMed](#)

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## Resources

Join Diabetes Practice Group

Interact with people of different cultures

Create a diverse work environment

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## The Prudent Health Care Provider

- Acknowledges cultural differences/perceptions
- Provides information that is understandable to learner
- Utilizes materials appropriate for culture, age, literacy level and learning readiness
- Respectful and sensitive when educating all people irrespective of ethnicity, race, age, sexual preference, and economic status

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## In Conclusion

- A quote from Sandra Arevalo, MPH, RDN, CDCES, author of AADE article on "5 ways to Grow Cultural Competence"

Accept that we are all different, celebrate the similarities and find value in the differences. Empathize with and learn from your client. **Don't wait to understand, just accept.**

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