Beyond the Melting Pot and Salad Bowl Views of Cultural Diversity: Advancing Cultural Diversity Education of Nutrition Educators

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Racial Composition of US Population

2016
- 62% of US Population is white
- 38% People of Color (PoC)

Projecting to 2060
- 44% of US population projected to be white people
- 56% of US population projected to be PoC
- PoC a numerical majority
- However racial membership of Dietitians not projected to change

Importance of Topic

- Diversity of US population is not reflected in current enrollment of health professionals.
- Racial membership of health professionals not projected to change
- Gap in racial group representation between health professionals and public
  - Use membership of Academy of Nutrition & Dietetics as example
Data on the Membership of the Academy of Nutrition and Dietetics (AND)

- 85% membership is white
- 3% African American
- 3% Hispanic
- 4% Asian
- 0.52% American Indian/Alaskan or Hawaiian


Cultural diversity training is influenced by ways in which cultural diversity is viewed in the US

- Views shape the ways health professionals taught to deliver nutrition health education to PoC

**Views of Cultural Diversity: Melting Pot**

- United States as Melting Pot
  - PoC expected to assimilate into the dominant White Culture.
  - PoC expected to give up cultural values & norms
  - Role of health professional – encourage clients to adopt ways of dominant white culture
  - Burden on clients to adopt cultural orientation of health professional
View of Cultural Diversity: Salad Bowl

• Shift to Salad Bowl paradigm
  • Celebrate different US cultures which retain their identities while contributing to the wider society.
  • Focus on health professional learning about traditional cultural concepts of clients
  • Burden on health professional to understand client or community

Limitations of Salad Bowl View

• Characteristics of ethnic group studied in a ‘Laundry list’ manner.
  – Students memorize a list of traits and different practices related to behaviors of group

• Encourages stereotyping and client not seen and appreciated for their differences compared with those in their group

Major Limitations of Salad Bowl

• Salad Bowl view focuses on learning predominantly about groups that are culturally different from the dominant white group
• It predisposes white culture to being the reference culture or norm against which other cultures are measured
• Often found to be inferior, exotic, or even deviant in some way
• Both Melting Pot and Salad Bowl view see white culture as the reference culture or norm

• In both there is no focus on having health professionals learn about their own cultural and ethnic backgrounds and histories

• Critical to include opportunities for this to happen so as to strengthen preparation of professionals to work in diverse settings.

Focus on Health Provider’s Culture

• Recognition that everyone possesses a cultural heritage

• Most PoC aware of having culture; many white people not as aware of their cultural heritage.

• ‘All ‘others’ possess the ‘culture’ in which the dominant ‘we’ must become competent’1

Wear D. Insurgent Multiculturism: rethinking how and why we teach culture in Medical education. Acad. Med. 2003; 78: 549-554

• Dominant white culture assumes that their culture is the norm
  – Assumption that world is as the dominant group perceives it without variation
  – Uses their worldview to understand other people’s worldview

• Creates miscommunication between health professionals who hold these dominant views and clients who do not
Implications For Research & Practice

Cultural Awareness of Self & Others

– Understand culture as beliefs, values and concepts underlying observable behaviors and customs
– Shifts focus away from memorizing list of traits and behaviors related to patterns and behavior of people of different cultures
– Each cultural group has a unique outlook or worldview on life based on beliefs, values and attitudes shared with other members of that group

Cultural Identity As Dynamic and Changing

Dimensions of Personal Identity1:
– Helps avoid stereotyping and looking at people through one lens of race
– Looks at complexity of human differences using primary areas of person’s identity. eg.
A dimensions – age, race and ethnicity
• One has little control; visible; often engender stereotypes
B dimensions – education, geographic location,
• One can usually assert some influence
C dimensions - Events during historical moment
• Situates one within a social, cultural and political context

Confronting Own Attitudes & Biases

• A willingness for health professionals to confront their own attitudes, values and biases.
  • Often born from history of inequality and exclusion toward PoC in past and present
  • Should accept other worldviews in a non-judgmental manner
• Build and enhance knowledge about various cultures
  • Should be empowered to respect other cultures and individuals representing them

1 Arredondo P., Toporek R., Brown S., et.al, Operationalization of the Multicultural Counseling Competencies. J. Multicultural Counseling Development 1996;24:42-78
Implications for Research & Practice

**Power & Dominance**

- Health professionals should be made aware of the socio-political forces that affect lives of clients of color.
  - Students learn social contexts of clients and their history, economic realities and cultural surroundings
- Topics about how power can lead to discrimination and oppression as a result of the unequal status relationship of dominant worldviews and PoC

Conclusion

- Looked at earlier attempts to manage cultural education through melting pot and salad bowl views
- Revealed inadequacy of views
- Core areas to be included
  - Concepts of culture not reduced to stereotypes of people
  - Self awareness of health professional
  - Emphasizing power dynamics caused by sociopolitical historical factors

Thank-you!

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