

## **The Lack of Diverse Community Nutrition Educators**

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African Americans experience higher rates of complications of diabetes; blindness, amputations and renal disease than Whites, and African American women have mortality rates 35% higher and stroke rates 71.4% higher than White women (Price, 2001). While overwhelming nutrition related health concerns exist in communities of color, a study of the American Dietetic Association revealed that only 2.5% and 1.4% of registered dietitians (RDs) are African American and Hispanic, respectively (Byrk & Soto, 1999). Culture and family context are well recognized as the most important factors in determining nutritional practices (Davis & Northington, 2000). Cultural insensitivity can be a huge barrier to providing appropriate and effective help for clients (Price, 2001).

### **Introduction**

Paulo Freire wrote about cultural invasion as an instrument of domination (Freire, 1996). He states “The invaders assuming the role of a helping friend...impose their own view of the world upon those they invade and inhibit the creativity of the invaded by curbing their expression” (Freire, 1996). Teaching people that their traditional family foods are bad and they should aspire to an unnatural, unobtainable body image is oppressive. Instead, conscious health providers need to be leaders in a movement that exposes how race, class and gender oppression deny health, food and education to all in a country which has the agricultural capacity to feed the world.

### **Nutrition Issues in Communities of Color**

There is documentation of an increasing rate of nutrition related diseases in communities of color (CLOCC, 2004; Drewnowski, 2004; Price, 2001). Much of the rise in incidents of hypertension, diabetes and heart disease have been associated with a rise in obesity (CLOCC, 2004). There is debate over the causes of obesity regarding the relationship between genetics and environment. While there is concern about the health risks associated with obesity, a larger body type is often described as desirable and natural in non white cultures, especially where hunger has been part of oppression. This conversation also includes discussion around the daily stress and health effects of living in a racist society (Cohen & Northridge, 2000; Lynch & Kaplan, 1997). African American women are reported as having coronary heart disease and mortality rates 35 % higher than White women and stroke rates 71% higher (Price, 2001).

Healthcare in this country is about profit, not people and it is estimated that there are over 39 million people without healthcare ( Jarratt, 2002). According to the Institute of Medicine about 18,000 people in the U.S. die prematurely each year due to lack of health coverage (Cattalinotto, 1999; Eolis, 2002). Racial inequality in accessing healthcare has been well documented for many years (Cohen & Northridge, 2000; Norman, 1969; Smiles, 2002).

In addition, access to healthy food choices is a problem in the African American Community which is targeted by the Fast Food Industry (Henderson, 2005). Many major chain grocery stores have been reported as closing in the Black communities (Henderson, 2005; Street, 2005). Affordable fresh fruits and vegetables, whole grain products and sugar or fat free specialty items may not be available in neighborhood corner stores where people must shop. The produce that is available is often of poorer quality and overpriced (Henderson, 2005).

The lack of safe places for children to play and families to recreate is of major concern to those working towards treatment and prevention of childhood obesity in urban areas (CLOCC, 2004). There is a direct correlation between hours of television watching and other sedentary activity and weight gain in children (CLOCC, 2004). Children of working parents may not be allowed to play outside after school if they are home alone and unsupervised.

Unemployment, underemployment and poverty are identified as contributing to health problems, which also includes increasing food insecurity (Cohen & Northridge, 2000; Hamm & Bellows, 2003; Hoisington *et al.*, 2002; IDFP, 2002). Since Clinton signed into law the so called welfare reform bill in 1996, by 2000 the number of household with children receiving food stamps dropped from 6.5 to 4 million resulting in a 50% higher risk of infants and children being hungry or hospitalized (IDFP, 2002). In the first two years of welfare reform, 300,000 more single families were living in extreme poverty (IDFP, 2002). Those who analyze society from a class perspective, agree that food access is the most basic need determined by any social and economic system (Ballan, 1975; Engels, 1993; Holst, 2002).

### **Food and Culture in the African American Community**

Hunger is oppression and Warnes, among others depicts the use of withholding food to control populations, including the enslavement of Africans brought to the United States. (Glasker, 1999; Grosvenor, 1970; Harris, 1989; Warnes, 2004). In the introduction to *Iron Pots and Wooden Spoons*, Harris describes how slaves during the Middle Passage, prior to sale, were “fed nourishing meals designed to camouflage the weight loss and other ailments resulting from the privations” (Harris, 1989, p.xv). Warnes analysis of food and resistance as traced through African American literature, intertwined the issues of hunger, oppression and illiteracy (Warnes, 2004).

Since slavery times, African Americans have been cooks and many foods associated with the southern diet, actually have their roots in African traditional foods (Harris, 1989; Hess, 1995; Nash, 1996; Webster, 1998). In her historic account of the environmental adaptations made by Africans, Harris describes how they saved “countless numbers from nutritional deficiencies” and spoiled meats, utilizing medicinal herbs and spices (Harris, 1989, p.xvi). Nash and Williams both identify soul food as the food of survival, where nothing was ever wasted (Nash, 1996; Weaver, 2000).

Food has been a center of work for African Americans who have been cooks in many settings (Hess, 1995; Nash, 1996; Tillery, 1996). Nash wrote “In the ‘big house’ on plantations large and small, on wagon trains and cattle drives, in railroad dining cars, in hotels and inns, and in their own homes, the largely unheralded culinary talents of our pioneering forbears marked the development of American Cooking” (Nash, 1996 p.x).

## **The Lack of Diversity in the American Dietetic Association**

In 1999 Byrk and Soto published data from the 1997 survey that revealed only 2.5% of registered dietitians (RDs) were African American and 1.7% were Hispanic (Byrk & Soto, 1999). This was despite the fact that in 1994 a Future Search Conference had called for the development of programs addressing minority recruitment and training (Parks & Fitz, 1995).

In 2000 Greenwald published the results of a study interviewing dietitians of color, asking them their opinion on issues regarding minority recruitment and retention (Greenwald, 2000). They identified lack of visibility of the Field in communities of color and low pay as primary problems and the need for more flexible, affordable programs as the solution (Greenwald, 2000). Many of them gave examples of struggles they had encountered with discrimination issues in their internships (Greenwald, 2000).

In a report of minority interns, Suarez et al also described the discomfort African American interns felt being isolated individuals of color in their programs (Suarez & Shanklin, 2002). Students claimed they had to have good grades, persistence, aggressiveness and “connections” to be accepted into an internship and reported a lack of minority persons as part of the internship selection process (Suarez & Shanklin, 2002). Another study interviewing students also suggested that alternative pathways incorporating practical experience might encourage students from diverse backgrounds entering the Field (Suarez & Shanklin, 2002). They pointed to an alternative program at WIC that provided strong mentoring relationships and internship experiences for students, and consider factors beyond students; grades and test scores when making admissions decisions (Suarez & Shanklin, 2002).

Thus, twenty years after the initial development of an affirmative action plan by ADA, there are still less than 3% of dietitians in the United States from the African American community. Clinical Nutrition is not currently a visible career choice within communities of color. Those who become interested in the field and meet the undergraduate requirements must compete academically for few internship programs, which require mobility and fulltime school commitment. This can be difficult for anyone from an economically marginalized position, or with family obligations. Once accepted into the internship, students of color report discomfort and insensitivity inside the programs. A standardized test is then required to become registered with the ADA.

## **Community Based Nutrition Education**

Both Lindeman and Knowles wrote about the use of life situations as the best medium for adult learning (Knowles, 1998; Lindeman, 1961). The alternative internship described in the Greenwald study attempted to address the needs of students from non-dominant cultural backgrounds (Greenwald, 2000).

We developed our own internship program in which we allow people to work here for a year...and then apply to the internship, where they work half-time and do the internship half time. The stereotypical dietitian is white, 22 years old, and

five-foot-six. These don't serve the high risk populations. We get people who couldn't do the internship elsewhere but who are important to have in the field. We give them encouragement and help. We have great outcomes. All our interns have passed their exams. ...There is a log of rigor but also a lot of mentoring. (Greenwald, 2000).

The success of this model speaks to a number of issues previously raised. The interns were selected on their performance as people and as dietitians (Greenwald, 2000). They were in a nurturing, not competitive environment and financial and family issues were addressed, because they both worked and went to school. In addition, they were expected to succeed and looked upon with great value to the community, as opposed to feeling marginalized and having their contributions ignored (Thomas & Holenshead, 2001). The skills they naturally used to communicate with clients were reinforced as clinical interventions. The opposite experience was reported from African American Dietitians in predominantly White internship programs (Greenwald, 2000)

Burley's work regarding the Tuskegee experience examined the notions of profession derived by African American women Dietetic faculty and students in contrast with White women's professionalizing experiences (Burley, 2005). She focused on the beliefs, intentions, purposes, motives and conduct of women who were excluded from internships in White hospitals and for whom "the process of becoming professional dietitians was a part of a larger mission of race uplift" (Burley, 2005, p.89). While this program was started in the 1950's, the objective reality is still today, few non-White students are admitted into internships (Byrk & Soto, 1999; Suarez, 2000).

Utilizing personal narratives of African American marital therapy interns, McDowell examined race/racism in professional education (McDowell, 2003). She writes that participants "told the story of negotiating a complex racial terrain in which they were both supported and silenced and their racial experiences and cultural life ways were both honored and dismissed" (McDowell, 2003). Similar feelings are expressed by African American Dietetic interns who must operate in a biracial mode. They are expected to simultaneously change the entrenched eating habits of an entire community and explain to those in supervision from the dominant culture why their culturally insensitive programs continue to fail (Greenwald, 2000; Minkler, 2003).

Freire wrote "Cultural pluralism does not consist of a simple juxtaposition of cultures, and still less is it the proponent might of one culture over another. Cultural pluralism consists in the *realization* of freedom, in the *guaranteed* right of each culture to move in mutual respect, each one freely running the risk of being different, fearless of being different (Freire, 1992, p. 136).

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