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

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## ABSTRACT

This article outlines how the melting pot and salad bowl views of cultural diversity have influenced the cultural training of nutrition educators and other health professionals. It explores how these views are changing in reaction to the changing demographics and health disparities seen in the US today and how the cultural training of nutrition educators has not kept up with these changing views. Suggestions for how this cultural education could be modified include placing a greater emphasis on both the cultural self-awareness of nutrition educators and the sociopolitical historical factors that influence the cultural orientation of nutrition educators and their clients.

**Key Words:** cultural competence, nutrition curricula, nutrition education, health disparities (*J Nutr Educ Behav*. 2016;48:664-668.)

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## INTRODUCTION

Diet is a major factor in the prevention and control of chronic health diseases that disproportionately affect minority populations and it contributes to the racial and ethnic health disparities that exist in the US.[1] The diversity of the population in the US is not reflected in the current enrollment of registered dietitians (RD) and there remains a gap in racial group representation between RD providers and the public.[2-4] Registered dietitians are a major provider of nutrition education, even while nutrition education is provided to the public from other professionals such as governmental and university-based programs. The following section will use demographic data about RDs as an example of a subset of nutrition educators. The Table provides definitions of terms used within this article.

The membership survey of the Academy of Nutrition and Dietetics (AND), previously named the American Dietetic Association, showed that 85% of the membership is white whereas 3% is African American, 3% is Hispanic, 4% is Asian, and 0.52% is American Indian/Alaskan or Hawaiian.[5] Colby and Ortman[6] reported that about 62 % of the total US population is composed of white people whereas 38% are people of color (PoC), broken down as African American (13.2%), Hispanic (17.4%); Asian (5.4%), and American Indian/Alaskan (2.0%). It is projected that by 2060 the percentage of PoC will increase to 56% of the US population, thereby making PoC a numerical majority[6]; nevertheless, with a projected decline in population to 44%, white people are still projected to comprise the majority of dietitians and interns in the US. This disparity in racial group representation within AND compared with the general population is not unique to AND, and is seen in other health professions such as nursing, medicine, and psychology.[7] With increasing numbers of PoC and a comparatively homogeneous population of dietetic, nutrition, and other health professionals, the effectiveness of cultural education will depend on the degree to which the training of health professionals prepares them to be culturally competent and effective in delivering nutrition health education and services in diverse health and community settings.[2,8] This preparation is greatly influenced by the ways in which cultural diversity is viewed in the US, because these views shape the way in which health professionals are taught to deliver nutrition health education and services to PoC.[9]

## CURRENT ISSUE/ CONTROVERSY

Over the years, there has been a change in the paradigm used to describe diversity in the US.[10] This paradigm has shifted from the US being viewed as a melting pot, in which PoC are expected to assimilate to the dominant white culture, to one of a salad bowl, in which there is a celebration of people of different cultures who retain their different identities while contributing to the wider society.[9,10] Both views see the dominant white culture as

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**Table.** Definition of Cultural Terms Used in Article

| Term Used | Definition |
|---|---|
| White | Non-Hispanic people of European descent |
| People of color | Non-white people, often called minorities. They include the following groups: people of African descent, Hispanic/Latino/s, Asian, American Indian/Alaska. |
| Race | Race is a socially constructed form of categorization based on shared phenotypic and cultural traits of people in a certain group. |
| Melting pot | A paradigm of cultural diversity in which various minority ethnic groups are expected to assimilate to the culture of the dominant group |
| Salad bowl | A paradigm of cultural diversity in which various groups retain their own, different cultural identities while contributing to a larger society |
| Culture | The conscious and unconscious content that a group learns, shares, and transmits from generation to generation. It organizes life and helps to interpret existence.[26] |
| Cultural diversity | The range of differences that exist among groups of people with definable and unique cultural backgrounds |
| Cultural heritage | Human creativity and expressions transmitted from generation to generation in a community. Includes material objects and immaterial elements, eg, traditions, oral history, social practices. |
| Cultural awareness | The understanding of how one's own culture shapes certain behaviors, beliefs, and assumptions |
| Ethnic group | A community of people who identify with each other based on cultural, linguistic, and/or ancestral background |
| Worldview | A theory of the world, used for living in the world; a framework of values and ideas about the world |
| Power dynamics | The hierarchal structures of influence and power that determine the amount of control that certain groups attain or lack |
| Sociopolitical forces | The interaction of both social and political entities to influence a greater decision |
| Minority | A group whose members have significantly less control or power over their lives than do members of a dominant or majority group |
| Assimilation | The process with which a group's culture is shifted or erased to adopt the culture of the dominant group |

the reference culture, or the norm against which the cultures of PoC are measured and often found to be inferior. Today's society is increasingly moving beyond describing and looking at cultural diversity through the melting pot and salad bowl paradigms to the point at which there is a willingness to recognize and acknowledge inequalities among different population groups.[11]

However, the cultural education of nutrition educators, dietitians, and other health professionals does not appear to have kept pace with this changing view of cultural diversity. It is the author's opinion that the way in which nutrition educators and other health professionals are trained to deliver nutrition health education and services to PoC is still overly influenced by the melting pot and salad bowl views of cultural diversity and has not kept up with changes in how cultural diversity is viewed today. The result of this lag is cultural training that is not able to focus on eliminating the health disparities currently seen in the US. The Institute of Medicine's 2003 report[12] on "Unequal treatment: confronting racial and ethnic disparities in health care" reported that PoC receive lower-quality health care than do other groups and further stated that evidence of stereotyping and biases, by health professionals, is what contributes to this lower quality of health care. This claim called serious attention to the training of nutrition and health educators.

## DISCUSSION

### Melting Pot and Salad Bowl Views of Cultural Diversity

During much of the 20th century, the melting pot view of cultural diversity, also referred to as cultural assimilation, was characterized as the cultural differences of immigrants being metaphorically placed into a big pot (the US) where they are melted or blended together, resulting in 1 culture and lifestyle for everyone.[10] The desired outcome, in this view of cultural diversity, would be for PoC to give up their cultural values and norms and adopt those of the dominant white culture; the assumption is that white cultural values and norms are superior to those of PoC.[10,13]

As the demographic and cultural landscape of the US changed to one that was more pluralistic, the view of cultural diversity changed to that of the tossed salad or salad bowl. This view centers on the analogy of different salad ingredients maintaining their different shapes, colors, and taste, all of which contribute to an appealing nutritious salad. People of different cultures (the different salad ingredients) are encouraged to maintain their own cultural patterns and retain their different identities while contributing to the wider society.

### The Influence of the Melting Pot and Salad Bowl Views on Cultural Education

In the melting pot view of cultural diversity, health professionals' role, and even responsibility, is to encourage

cultural assimilation of their clients such that they adopt the attitudes and behavior of the white culture.[9] During the nutrition education and counseling process, the burden is on the client to adopt the cultural orientation of the health professional for these services to be compatible. On the other hand, because the salad bowl paradigm recognizes cultural differences among groups, its focus is on health professionals learning about the traditional cultural concepts and practices of their clients so that they can adjust the nutrition and health educational process to meet the cultural orientation and learning styles of the client. Thus it becomes the health professionals' responsibility to understand the client or community so that services are delivered in a manner compatible with the client's cultural viewpoint.[14] Although this is an improvement on the melting pot paradigm there are some limitations, which are discussed subsequently.

### Limitations of Cultural Views for Cultural Education

The salad bowl approach to cultural health education may be valuable and helpful in insisting that the training of health and nutrition educators include an understanding of the client and community. However, the author of this article finds that it has the following setbacks. The first is that the characteristics of the ethnic group being studied are too often characterized like a laundry list of the group's traditional beliefs and behavior.[15,16] Students memorize a list of traits and different practices related to patterns and behaviors of the cultural group in question. This encourages what has often been called a cookery-book formulaic approach to cultural education, which can lead to simplistic stereotypes and biased treatment of the group being studied.[15] For example, methods of caring for an African or Hispanic client would be presented as a list of his or her common health beliefs, behaviors, and key practice do's and don'ts.[16,17] The client is then more likely to be stereotyped by being lumped together into 1 identity with others of his or her ethnic group, rather than to be seen and appreciated for differences compared with those who are in that ethnic group. Second, because the salad bowl approach focuses on learning predominantly about those groups that have a cultural orientation different from the dominant white group, again as in the melting pot paradigm, it predisposes white culture to being the reference culture or norm against which other cultures are measured and often found to be inferior, exotic, or even deviant in some way.[16]

In both the melting pot and salad bowl views of cultural education there is no focus on having nutrition and health educators learn about their own cultural and ethnic backgrounds and histories.[9] To strengthen the preparation of nutrition and health educators to work in diverse settings, it is critical for cultural education to include opportunities for the health professional to become self-aware as a cultural being.[18]

### Focus on the Health Provider's Culture

This cultural awareness begins with the recognition that everyone possesses a cultural heritage. Most PoC are aware of themselves as having culture; yet many white people are not conditioned to be as aware.[13] As a result, when there is a reference to culture, it is more often about the cultures of PoC such as African, Asian, Hispanic, and so forth, and not about the culture of the dominant white groups. As Wear[15] put it, "all 'others' possess the 'culture' in which the dominant 'we' must become competent." Furthermore, because the dominant white culture assumes that their culture is the norm, there is often an assumption that the world is as the dominant group perceives it, without variation.[13,16,18,19] The dominant culture therefore uses its worldview to understand other people's worldview. This can create miscommunication between health professionals who hold these dominant views and their clients who do not.[20-22]

Studies have shown that white health professionals who have a greater awareness of their culture and the sociopolitical power they hold are better able to connect to their clients.[18,22] Furthermore, many researchers[9,15,18,21-23] contend that to learn about other cultures, one needs to learn about one's own culture first. The more aware one is of one's cultural norms values and attitudes, the easier it is to grasp other cultures' way of seeing and experiencing the world, because one's culture is used as a frame of reference to learning about other cultures.[22] The necessity for health professionals to reconnect with their own cultural and ethnic backgrounds and take into account the histories of inequality and exclusion toward PoC in the past and present has too often been ignored or inadequately addressed in the cultural education of nutrition and other health professionals.[13,23,24]

## IMPLICATIONS FOR RESEARCH AND PRACTICE

The following sections present the core elements that might serve as foundational information for strengthening the preparation of nutrition and health professional students to work with PoC. It is particularly important that students be provided with information that deepens their knowledge of culture so that it should not be reduced to stereotypic descriptions of people.[17,25] Also essential is an inclusion of self-awareness and the power dynamics caused by sociopolitical historical factors[26] that give rise to the cultural orientations of both nutrition health professionals and their clients. An inclusion of these power dynamics will help locate points of cultural dissonance or synergy that contribute to client health outcome.

### Culture and Cultural Identity

Critical to the type of cultural education that is involved in the cultural awareness of self and others is an understanding of culture that focuses on the beliefs, values, and concepts underlying observable behaviors and customs.[25] Using this definition of culture shifts the focus away from simply memorizing a list of traits and different practices related to patterns and behavior of people of different cultures, and enables students to understand that each cultural group has a unique outlook, or worldview, on life based on the beliefs,

values, and attitudes shared with other members of that group.[23]

It is also important to present cultural identity as dynamic and ever-changing rather than static. This can be accomplished by using the Dimensions of Personal Identity of Arrendondo et al,[27] which looks at the complexity of human differences by identifying the A, B, and C dimensions as the 3 primary areas of a person's identity. The A dimensions of personal identity include characteristics such as age, race, and ethnicity over which one has little control. Because they are visible, A dimensions often engender stereotypes about people. B dimensions are characteristics over which one can usually assert some influence, such as education, geographic location, and recreational preferences. Finally, C dimensions are events that have occurred during a particular historical moment and that situate people within a social, cultural, and political context. Using this model makes it easier to avoid stereotyping by avoiding the pitfall of looking at people through 1 prism or lens of race. It helps one understand how people of the same A dimension, such as race or ethnicity, may be unique or similar according to the B and C dimensions ascribed to them.

### Cultural Awareness of Self

As mentioned, it is critical for the cultural education of nutrition educators and other health professionals to include opportunities for their self-awareness as cultural beings.[19,22] This would involve a willingness to confront their own attitudes, values, and biases that may influence the cultural learning process of other cultures negatively.[28-30] The cultural education of nutrition educators and other health professionals should build and enhance their individual knowledge about various cultures. However, this knowledge should be more than about the differences among cultures; it should empower students to be able to respect other cultures and the individuals representing them.[30,31] This can be accomplished, in part, by addressing how society perceives and attaches meaning to differences among cultures.[18,26] Many cultural differences observed between white culture and cultures of PoC are equated with the cultures of PoC having lower status and being perceived as being deficient in some way. By confronting their attitudes, values, and biases, health professionals will be encouraged to see and accept other worldviews in a nonjudgmental manner so as to realize the optimum usefulness of the knowledge of cultures different from their own.[30]

The opportunity exists here to introduce topics about how power can lead to discrimination and oppression as a result of the unequal status relationship of the different worldviews of white people and PoC.[23,26] Whereas all groups can hold strong beliefs that their way is the best way, the most dominant group possesses the power to impose its values and beliefs on others.[7,13,22] In the US, white upper- and middle-class values and beliefs hold the power to dominate society's belief systems, behaviors, and expectations.[1,7] This power is derived from the economic, social, and political capital acquired over time through historical processes, and shapes the norms and structures of institutions and organizations such as schools, colleges, and universities, and communities and families.[13,24,26]

### Addressing Power and Dominance

It is also important for health professionals to be made aware of the sociopolitical forces, specifically oppression, racism, and powerlessness, that affect the lives of clients of color.[16,24,26] These constructs should be operationalized so that health professionals can recognize the impact of oppression, racism, power, and privilege in their clients' lives. Wear[15] argued that multicultural studies should shift the discussion from an exclusive focus on minority groups and PoC and how to communicate with them to one that is centralized around power and dominance and the foundations of inequalities. A cultural education with this approach would examine how forms of dominance, neglect, and various sociopolitical forces are produced historically, semiotically, and institutionally at various levels of society.[16] Such an education would look not only at the health professional–client relationship but also at the social causes of health so that students learn about their patients in the US but also about their social contexts derived from their history, economic realities, and cultural surroundings.[15,16,26]

This article explored the necessity of a cultural education to achieving effective care delivery in the field of nutrition education. The work explored earlier attempts to manage cultural education through the melting pot and salad bowl views. It critically engaged both views to reveal their inadequacy to prepare students of nutrition education who work with diverse clients. Core areas that, according to the author, should be part of the cultural education of nutrition educators include concepts of culture not being reduced to stereotypic descriptions of people; placing a greater emphasis on nutrition educators' cultural self-awareness; and emphasizing the power dynamics caused by sociopolitical historical factors that give rise to the cultural orientations of both service providers and their clients.

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## CONFLICT OF INTEREST

The author has not stated any conflicts of interest.