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Identification of Multicultural Nutrition Counseling Competencies for Registered Dietitians

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To the Graduate Council:

I am submitting herewith a thesis written by Edna Ellen Elizabeth Harris-Davis entitled "Identification of Multicultural Nutrition Counseling Competencies for Registered Dietitians." I have examined the final electronic copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in Nutrition.

Betsy Haughton, Major Professor

We have read this thesis and recommend its acceptance:

Naima Moustaid-Moussa, Charles Hamilton

Accepted for the Council:
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Vice Provost and Dean of the Graduate School

(Original signatures are on file with official student records.)

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and recommend its acceptance:

Accepted for the Council:

Associate Vice Chancellor
and Dean of The Graduate School

Identification of Multicultural Nutrition Counseling Competencies for Registered Dietitians

A Thesis

Presented for the

Master of Science

Degree

The University of Tennessee, Knoxville

Edna Ellen Elizabeth Harris-Davis

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DEDICATION

This thesis is dedicated to my husband, Ferman E. Davis for his love and undying patience during this challenging and rewarding experience. Also, I want to dedicate this thesis to my parents, Elbert and Dorothy Harris. Through their love, support and encouragement for me I was able to accomplish this goal.

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I would like to thank my major professor, Dr. Betsy Haughton for her patience, encouragement, support, and concern for me during this experience. I appreciate her professionalism in guiding me as a student and a professional. In addition I want to thank my committee members, Dr. Charles Hamilton and Dr. Naima Moustaid-Moussa for their guidance and support. Finally, I want to thank the university's research committee and Dr. Haughton for providing funds for this research.

ABSTRACT

Objective: Research was conducted to develop a model and identify multicultural nutrition counseling competencies for Registered Dietitians

Design: A mail survey was administered followed by a post card reminder and a follow-up survey to non-respondents. The survey consisted of 46 competency items that subjects rated on a Likert scale of 1 to 7 (1=Unessential to 7 =Essential).

Subjects: A stratified random sample was taken from 1300 members of the American Dietetic Association's Public Health Nutrition Practice Group and directors of the Didactic Programs in Dietetics (DPD) and Dietetic Internship (DI) Programs. A total of 604 subjects were selected and mailed surveys. Surveys completed by Registered Dietitians who were members of the practice group or directors of a DPD or DI program were used for data analysis.

Statistical Analysis: Descriptive statistics were used to calculate frequency of response. Exploratory principal component analysis was used to analyze the dimensionality of the multicultural nutrition counseling competencies. MANOVA was used to determine if dimensions extracted differed among respondents who provided nutrition counseling or education to culturally different clients and those who did not.

Results: Of the 604 subjects surveyed, 60% responded (n=363) and of the respondents, 94.4% (n=343) met the selection criteria. Most respondents were Caucasian (86%), spoke English as their primary language (97%), and had Master's degrees (82%). Many (38.2%) worked in a community/public health facility or organization and 50% provided nutrition counseling or education to culturally different clients. Three dimensions were

extracted with 28 competencies loading on them: Multicultural Nutrition Counseling Skills, Multicultural Awareness, and Multicultural Food and Nutrition Knowledge. Subjects responded similarly for the extracted dimensions regardless of whether or not they provided nutrition counseling to culturally different clients.

Application: It is imperative for Registered Dietitians who work with various cultural groups to be multiculturally competent, given the changing and dynamic nature of our society. The resulting multicultural nutrition counseling model is a guideline, which can be applied to many aspects of the dietetic profession. The American Dietetic Association's Diversity Committee should review the model to determine how the competencies fit into the committee's objectives. Directors of Didactic Programs in Dietetics and Dietetic Internship Programs may want to focus on some of the competencies to enhance dietetic education and training. Public health nutritionists may use them as a basis for selecting continuing education opportunities to enhance their multicultural nutrition counseling competence. Additional research is recommended to further develop and define multicultural nutrition counseling competencies for Registered Dietitians.

PREFACE

To assist the reader, the research study is divided into two parts. Part I includes an extensive literature review and a model proposed for the research study. Part II includes a manuscript containing introduction, methods, results, and discussion sections relating to the research.

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PART I

INTRODUCTION AND LITERATURE REVIEW

INTRODUCTION

In today's society Registered Dietitians are challenged with new issues concerning how to deliver culturally appropriate nutrition counseling to diverse populations (1). Currently, many states have cities with a high percentage of minority groups and census projections predict greater increases in different ethnic groups (2-3). Accordingly, it is important that professionals are equipped with the essential knowledge and skills to address the needs of these groups. Therefore, acquiring multicultural competencies is and will continue to be essential for various health care professions. More important, it is imperative that Registered Dietitians are multiculturally competent to provide optimal nutrition services for diverse populations.

Multicultural competency is the ability to honor and respect beliefs, interpersonal style, attitudes and behaviors of targeted families and staff (4). These values are incorporated at all levels of an organization, which includes policymaking, administration and practice (4). Within the professional practice of psychology, Sue et al. (5) outlined 31 multicultural competencies, which have been recognized by the Association of Multicultural Counseling and Development. As there is a need for multiculturally competent professionals, there is also a need to assess professional multicultural competencies (6). Many researchers have followed the work of Sue et al. (7) to develop multicultural competency instruments. These instruments focus on assessing counseling professionals' or trainees' competency levels. Some professional groups have adopted this process by developing models and assessment tools.

While the counseling professional has taken a lead in this area, many dietetic professionals have not developed adequate nutrition counseling skills, specifically in multicultural nutrition counseling (8). Research lacks information on identifying and assessing multicultural nutrition counseling competency. Therefore, the purpose of this study is to identify multicultural nutrition counseling competencies for Registered Dietitians and to determine the dimensions of these competencies.

LITERATURE REVIEW

RACE TRENDS IN AMERICA

The priorities of public health are shifting due to societal trends in the U.S. Trends within the race distribution are predicted to change dramatically (3). The Hispanic population will increase dramatically and become the largest ethnic group in 2008, while the Caucasian population will decrease (Table 1). One reason for the increase in minority groups is high fertility and birth rates compared with Caucasians. Many ethnic groups have different beliefs when considering large families. For instance, some believe a large family provides security for the parents in old age or that the role of a woman is to have children and be a homemaker. Often, high fertility and birth rates are due to a lack of education of women and men, and the lack of contraceptives or disbelief in contraceptives because of religion (9).

Due to immigration patterns, many immigrants come from poor, overpopulated countries to seek opportunities in the United States. It is estimated that 800,000 legal immigrants enter the U.S. yearly (9). While it is unknown how many illegal immigrants reside in the U.S., historically most Americans have ancestors who migrated to the U.S. Caucasian Americans, who make up the majority of the American population, may share many values and family traditions based on their ancestry. However, there are a growing number of ethnic minorities who practice traditions and beliefs different from the majority and these values will become more pronounced in the future.

Table 1. The Changing Population in the United States.

U.S. Census	1990[1]		1998[2]		2008[2]	
Total Population and Race Distributions	Number	Percent	Number	Percent	Number	Percent
Total U.S. Population	249,398	100.0	270,002	100.0	292,928	100.0
White[a]	188,583	75.6	195,786	72.5	201,344	68.7
Black[a]	29,374	11.8	32,789	12.1	36,660	12.5
American Indian, Eskimo, and Aleutian[a]	1,802	0.7	2,005	0.7	2,264	0.8
Asian and Pacific Islander[a]	7,080	2.8	9,856	3.7	13,612	4.6
Hispanic Origin	22,558	9.0	29,566	11.0	39,047	13.3

Note: Persons of Hispanic origin can be of any race. Numbers in thousands. Consistent with the 1990 census, as enumerated.

[a] Race does not include Hispanic

1. United States Census Bureau. Resident Population of the United States: Estimates, by Sex, Race and Hispanic Origin, with Median Age (itl). [On-line]. 1990. Available Telnet: www.census.gov File: The 1990 U.S. Census.

2. United States Census Bureau. Resident Population of the U.S.: Middle Series Projections, 1996-2010, by Sex, Race and Hispanic Origin, with Median Age (itl). [On-line]. 1990. Available Telnet: www.census.gov File: The 1990 U.S. Census.

MULTICULTURALLY COMPETENT

Ultimately, shifts in population trends will affect how public health programs and services are delivered. Organizations and their professional staffs must be multiculturally competent to address the needs of a growing, diverse population. While they should be multiculturally driven in administration and policy development, being multiculturally competent is equally important for practicing health professionals. This is important because the health professional has direct interaction with diverse clients. Thus, cultural competence is displayed at the practitioner levels (10).

While this society has become more culturally diverse, multicultural training has become increasingly important to organizations and professional staff. Training is a positive step toward becoming multiculturally competent. However, changing one's perspective from monocultural to multicultural may be a major obstacle. Often a dominant culture is considered the norm. As a member of the dominant culture, one may fail to recognize the influences he or she has on others during his or her professional practice (11). All too often organizations conduct multicultural training sessions for staff that either are too infrequent or lack sufficient content to influence change toward a multicultural perspective and/or practice (12). Also, a change from the norm (dominant culture) is viewed somewhat as a threat to staff. Therefore, conducting multicultural training appears to incorporate change, but frequently this is at a superficial level. Ultimately, resistance continues to occur at the roots of an organization or profession (12).

The growing concerns for multicultural competency in organizations and health care professions have many researchers and/or organizations addressing this issue. "Multicultural competency" and "cultural competency" are used interchangeably and the following passages define these terms as determined by a variety of researchers in different professions:

> Multicultural competence constitutes a unique category of awareness, knowledge and skills necessary for effective student affairs work. These competencies may assist student affairs practitioners in creating multiculturally sensitive and affirming campuses (13 p 269).

> Cultural competence is viewed as a process, not an endpoint, in which the nurse continuously strives to achieve the ability to effectively work within the cultural context of an individual or community from a diverse cultural/ethnic background (14 p 1-2).

> Cultural competence refers to a program's ability to honor and respect beliefs, interpersonal style, attitudes, and behaviors of families who are clients as well as the multicultural staff who are providing services. It incorporates these values at the levels of policy, administration and practice (4 p 2).

> Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations. The word "culture" is used because it implies the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions of a racial ethnic, religious, or social group. The word competence is used because it implies having the capacity to function effectively (15 p 13).

> To become culturally competent implies that nurses are willing to seek information about beliefs and practices of groups served outside of formalized

> education settings, readings or their interactions during work hours. It means being open to cultural differences, being aware of how our own value assumptions dominate our concept of health care delivery, and having a client-oriented learning style.... It implies an ability to assist clients to meet their health care needs through use of resources, such as people, materials, ideas, services and social customs inherent in the community. It means moving out into the community served, not just as a health care provider but as a learner in the cultural world of our clients....interacting with people outside of the health care context to learn about the forces that impact upon their lives once they leave the health care system (16 p 1, 19).
>
> Cultural competence is defined as an awareness of, sensitivity to, and knowledge of the meaning of culture. It includes one's openness and willingness to learn about cultural issues, including one's own cultural biases. Culturally competent [occupational] therapists have specific and extensive knowledge of the language, values, and customs of a particular culture (17 p 722).

Although the definitions vary, there are some dominant themes. One is that cultural competence or multicultural competence refers to both organizations and individuals. A second theme is that a continuum exists from monocultural to multicultural competence. For the purpose of this research, the term multicultural competence was defined as: a unique category of awareness, knowledge and skill that enable a system, agency or professional to work effectively in cross-cultural situations.

Cultural Competency within Organizations

The administration and policymaking levels of an organization become culturally competent through a series of ongoing activities. At the administrative level, multicultural competencies involve recruiting minority staff (10). For instance, using

indigenous paraprofessionals and hiring multicultural professionals can increase cultural sensitivity within the organization, and, most important, can better serve the multicultural population (12). However, cultural competency goes beyond mere recruitment of minorities. Agency administrators and staff must collaborate in delivering effective services to the target population (12).

Besides recruiting minority staff, the administration should conduct a self assessment of personnel (10). This self assessment can evaluate the organization's cultural framework by focusing on staff's assumptions and values, the behavioral norm, and the mode of interaction with culturally diverse clients (12). This is important in determining where an organization lies on the continuum of monocultural to multicultural perspectives. Thus, the organization can move forward to being a multiculturally competent organization.

Depending on the organization's framework, culturally relevant in-service programs, training programs, and workshops should be designed to sensitize staff when working with each other, especially minority staff, and ethnically diverse populations. This requires full commitment of the organization to develop cultural competency. If not, staff will resist the change toward becoming a multiculturally competent organization. Then, the organization will continue to have a monocultural perspective when carrying out its goals and objectives for targeted communities, recruiting staff, and assessing the organization's cultural framework.

Multiculturally Competent Professionals

Historically, a monocultural perspective has developed based on the values of a society's most dominant and influential group. In the U.S., the traditional counseling theories and practices are based on a worldview of human behavior which reflects people of European descent (18). As a result, frequently inadequate services are provided to minorities, including African, Hispanic, Asian and Native Americans, because of biases (18). Many perspectives are based on beliefs that "people are people" and "everyone should be treated the same" (5 p 74). Thus, a counselor with low multicultural competence may believe that he or she provides equal treatment to clients without regarding the cultural variable of the counselor or the client (6). Research (7,19) has shown that traditional professional services are so ineffective with diverse ethnic groups that Korman (20) states, "the provision of professional services to persons of culturally diverse background by persons not competent in understanding and providing professional services to such groups shall be considered unethical" (p 105). Szapocznik et al. (21) add that a monocultural view is a maladjustment within a multicultural society. Sue et al. (5) believe that a lack of training or competence with a diverse clientele is both unethical and potentially harmful.

Models of Multicultural Competencies

As this society moves toward a more diverse population, there will be a demand for more culturally competent professionals. Sue et al. (7) were members of the Education and Training Committee of the American Psychological Association's

Division of Counseling Psychology (Division 17). They pioneered the first efforts to identify cross-cultural counseling competencies within the field of counseling. Their model included competencies based on three dimensions: a) beliefs and attitudes, b) knowledge, and c) skills.

Later, Watson (18) proposed a set of 20 multicultural counseling competencies. These competencies were used in a cross-cultural counseling training program for counseling educators. These competencies were based on the work of Pedersen and Marsella (22) who believed that beliefs and attitudes, knowledge and skills are important for multicultural counseling competencies. Two examples of Watsons' competencies are:

a. Counselors will select and use the most appropriate assessment procedures considering the client's cultural, or racial characteristics and interpret results accurately and in a manner which is understood by the client.
b. Counselors will express acceptance of the client verbally and nonverbally in a manner which is appropriate to the client's experience and which will be understood by the client.

"In April 1991, the Association for Multicultural Counseling and Development approved a document outlining the need and rationale for a multicultural perspective in the counseling profession" (5 p 64). As a result Sue et al. (5) introduced three new dimensions to multicultural counseling competencies in addition to the ones originally proposed in 1982. Subsequently, the Association adopted all 31 multicultural counseling competencies in accreditation criteria for the counseling profession. The three dimensions for cultural competency (beliefs and attitudes, knowledge and skills) from Sue et al.'s 1982 recommendations remained the same for the competencies established in 1992.

However, a 3 x 3 matrix was developed to include three more dimensions which describe the characteristics of a multiculturally competent counselor:

1. A culturally skilled counselor is one who is actively in the process of becoming aware of his or her own assumptions about human behavior, values, biases, preconceived notions, personal limitations and so forth.

2. A culturally skilled counselor is one who actively attempts to understand the world view of his or her culturally different client without negative judgements.

3. A culturally skilled counselor is one who is in the process of actively developing and practicing appropriate, relevant and sensitive intervention strategies and skills in working with his or her culturally different clients.

Thus, a total of nine competencies areas are covered in this model of cross-cultural counseling competencies (Appendix A).

Sue et al. (5,7) have been the forerunners in establishing cultural competencies for the counseling profession. They have done extensive research regarding multicultural counseling competencies by defining their rationale; developing multicultural standards and competencies; and advocating strategies to implement these standards and competencies. As society becomes increasingly diverse, many other professional health organizations will follow Sue et al.'s work by adopting some, if not all, of the competencies into their education, training, practice and research.

Pope and Reynolds (13) proposed a model of seven core competencies for the counseling profession which was based on the work of Sue et al. (7) and Pedersen (23). They defined one competency as multicultural awareness, knowledge, and skills and it

has 32 characteristics for multiculturally competent student affairs' practitioners. While this core competency is only one of the seven, the researchers believe that it should be integrated into the others (Appendix B).

Campinha-Bacote (14) identified the Culturally Competent Model of Care, which included four components of cultural competence for nursing care: cultural awareness, cultural knowledge, cultural skill and cultural encounters (Appendix C). This model should be viewed as a process in which nurses continuously strive to provide culturally appropriate services effectively to individuals of diverse populations (14).

In addition to Sue et. al.'s work, many other researchers have proposed models of cultural competence. Cross et al. (15) have established a cultural competency continuum model which has been adopted by other professions. This continuum has six levels ranging from cultural destructiveness to cultural proficiency. It shows a developmental process in which a system, an agency, or a professional strives to meet appropriate goals. This continuum guides the developmental process as one measures progress toward providing culturally competent services (15).

Rorie et al. (24) adopted the cultural competency continuum model from Cross et al. (15) to assist nurse providers in assessing their own cultural competency levels (Appendix D). In this assessment, scenarios and examples were given to demonstrate each level of competence. Although this research focused on self assessment, it also provided information on characteristics of a culturally competent practitioner. The different stages of cultural competence listed below were utilized within nurse primary care:

Cultural Destructiveness is attitudes, policies and practices exhibited which can be destructive to a culture.
Cultural Incapacity is a biased, authoritarian system that lacks the capacity to facilitate growth in culturally diverse groups.
Cultural Blindness is believing that "we're all human" and that there is no difference in the delivery of services regardless of culture, ethnicity or race.
Cultural Precompetence outreach attempts are made to deliver services in a manner respectful of cultural diversity.
Cultural Competence is an acceptance of, and respect for, cultural norms, patterns, beliefs and differences.
Cultural Proficiency is a motivation toward increasing the knowledge base of culturally competent practice, developing culturally therapeutic approaches, and hiring staff who are specialists in cultural competence. (24 p 94-97)

Randall-David (25) also utilized Cross et al.'s cultural competency continuum model to develop a manual for health care practitioners who provide HIV education, counseling, and care (Appendix E). This manual focuses on principles of a culturally competent practitioner and culturally appropriate exercises when interacting with diverse communities.

INSTRUMENTS TO ASSESS MULTICULTURAL COMPETENCIES

Once a foundation of core competencies is accepted or adapted by a profession or organization, then these competencies can be used to assess the profession's competence. Based on the multicultural competencies established by Sue et al. (7), several instruments have been developed to assess multicultural counseling competence. Many of these instruments are designed to assess the competence of practicing counseling professionals and trainees. Ponterotto et al. (26) reviewed current instruments to determine their strengths, weaknesses and other characteristics. Three instruments are discussed in the

following sections: the Cross-Cultural Counseling Inventory, the Multicultural Awareness-Knowledge-And-Skill Survey, and the Multicultural Counseling Inventory.

Cross-Cultural Counseling Inventory

The Cross-Cultural Counseling Inventory (CCCI) was based on the 11 competencies originally proposed by Sue et al. (7). The CCCI consists of a three factor model: cross-cultural counseling skill, socio-political awareness and cultural sensitivity. The main purpose for this instrument is for observers to assess counselors' effectiveness when counseling culturally diverse clients (27). To complete the assessment, expert raters review a counseling vignette videotape. After viewing the videotape, the raters complete the CCCI by assessing the counselor's effectiveness during the counseling session.

LaFromboise et al. (27) recommended the CCCI to supervisors. Supervisors may use this instrument to assess cultural competence among staff who work directly with culturally diverse clients. It can assist supervisors and provide accurate feedback to staff during an evaluation period. Also, it serves as a basis for training staff to become culturally competent.

Multicultural Awareness-Knowledge-And-Skill Survey

The Multicultural Awareness-Knowledge-And-Skill Survey (MAKASS) was developed by D'Andrea et al. (28) and was based on a review of cross-cultural counseling training programs. This review process resulted in three main areas: a) awareness of one's attitudes toward ethnic minorities; b) knowledge about minority populations; and

c) cross-cultural communication skills. The purpose of this instrument is to "assess the effects of instructional strategies on students' multicultural counseling development" (29 p 320).

D'Andrea et. al. (28) used this instrument with a group of graduate students. Graduate students who received various training sessions completed the MAKASS before and after the training sessions. This instrument can discriminate the students' development between groups who had gained experience in multicultural counseling and those who did not. The MAKASS is useful in assessing instructional programs in an educational setting.

Multicultural Counseling Inventory

The Multicultural Counseling Inventory (MCI) was developed by Sodowsky et al. (6) and Sue et al.'s (5,7) competencies were used as the foundation of this survey. Like the CCCI, the majority of the MCI assesses cultural awareness, knowledge, and skills, but an additional component assesses multicultural counseling relationships. This new component refers to a counselor's comfort level when dealing with minorities and includes the stereotypes he or she has of different ethnic groups. The MCI is a self report inventory to assess multicultural competencies in counselors, psychologists and trainees (6).

Sodowsky et al. (6) used the MCI to measure cultural competence of students, trainees and practitioners in the counseling profession. This instrument demonstrated that subjects who worked 50% of the time in multicultural areas had significantly higher

scores on the awareness and counseling relationship factors than subjects with less experience in this area. The MCI also can be utilized in multicultural training sessions.

A MULTICULTURALLY COMPETENT DIETETIC PROFESSION

Much like the counseling and psychology profession uses a competency-based model for practice, so does the American Dietetic Association (ADA). However, it has not developed multicultural nutrition counseling competencies to the same extent. ADA's perspective on multiculturalism at the organizational and professional levels is discussed in the following sections.

American Dietetic Association

The American Dietetic Association (ADA) has taken positive steps toward advocating multicultural competence by incorporating it in policy making and administration. Saracino (30) states that "ADA values and respects the diverse viewpoints and the individual differences of all people" (30 p 1242). In addition, they acknowledge that all ADA members have a unique set of personal values, beliefs and practices (31) and it plans to "incorporate diversity-related activities that will prepare its members to accomplish professional goals successfully" (30 p 1242). The organization's agenda regarding multiculturalism has been to recruit and retain underrepresented students and dietetic professionals (31). This encourages positive influences with and quality care for ethnic minority clients.

Dietetic Profession

Currently, multiculturally competent dietetic professionals are in demand and multicultural competency eventually will become a requirement for certain positions in the future. Multicultural competence is needed to deliver culturally appropriate services to ethnic minority clients. Some multicultural activities, such as educational programs, are available to assist dietetic professionals to become culturally competent. For instance, conference speakers, academic courses, videotapes or self study aids are examples of educational interventions (32). Other activities include reading professional journals and newsletters that address multicultural issues (32).

ADA uses a lifelong learning competency-based model for entry-level dietetic practice as a Registered Dietitian, which has five stages of professional growth: novice, beginner, competent, proficient and expert (Appendix F). This model includes core competencies for dietetic education and supervised practice listed in the revised *Accreditation Approval Manual for Dietetic Education Programs* (33). In this manual the foundation knowledge and skills have been established for dietetic students. Some core dietetic education competencies provide a broad overview on multicultural issues as follows:

> Graduates will have a working knowledge of:
> 1) Sociocultural and ethnic food consumption issues and trends for various consumers
> 2) Influence of socioeconomic, cultural, and psychological factors on food and nutrition behavior
>
> Graduates will demonstrate the ability to:
> 1) Determine nutrient requirements across the lifespan, i.e., infants through geriatrics and diversity of people, culture, and religions (33 p 46-47)

Some core multicultural competency statements for supervised dietetic practice of entry level dietitians are:

1) Manage the normal nutrition needs of individuals across the lifespan, i.e., infants through geriatrics and a diversity of people, cultures, and religions.
2) Provide nutrition care for population groups across the lifespan, i.e., infant through geriatrics, and a diversity of people, cultures and religions.
3) Develop and review educational materials for target populations.
4) Supervise screening of the nutrition status of the population and/or community groups (33 p 49-51)

The degree to which these competencies are attained is important to professional growth and development. Sullivan et al. (34) surveyed dietetic internship directors to determine competency levels of dietetic students delivering nutrition education and counseling services before, during, and after the internship. Prior to the internship basic preparation was expected by half of the directors. However, competencies in effective communication techniques, organization, and audio visual skills and enthusiasm were expected for advanced preparation. During the internship, they reported variances in competency levels. However, many nutrition counseling competencies had high ratings. Some of these were organized preparation, ability to adjust time, assess learners' needs and communication techniques. Upon completing the internship, 60% of directors reported students had obtained adequate nutrition knowledge and skills to provide nutrition education. Directors recommended further preparation for nutrition counseling post-supervised practice. Some recommendations were in areas of behavior modification and motivational strategies, self evaluation of counseling performance and effective identification and use of resources.

The nutrition education and counseling survey administered by Sullivan et al. (34) was limited in areas of multicultural counseling competencies, in part because it was based on core competencies established, at the time, by ADA. A few knowledge/skills areas related to multiculturalism were included in the survey, such as "assesses social, economic, education and health interest and concerns of learners; understands concepts of client-centered approach and components of counseling process; and knows availability of resources and utilizes them effectively" (34 p 1420). Some directors may have responded to specific multicultural competencies, if they had been queried about them. However, the fact remains that the list of nutrition counseling competencies used in the survey lacked multicultural issues. So, it is imperative that dietetic internship directors provide multicultural nutrition counseling knowledge and training for dietetic interns. As a result, these professionals will become multiculturally competent and deliver culturally appropriate nutrition programs, including effective nutrition education and/or counseling to diverse ethnic minorities.

Public Health Nutrition

Within the dietetic profession, there is a sub-group or specialty area of public health nutrition. A unique characteristic of the public health nutrition profession is the dual interest of public health and nutrition. Therefore, to provide public health or population based nutrition services, it also is imperative to address the mission of public health as defined by the Institute of Medicine (IOM): "to fulfill society's interest in assuring conditions in which people can be healthy" (35 p 1). The IOM report also

identifies three core public health functions or assessment, policy development and assurance. Application of these functions should ensure that public health services are appropriate for targeted populations.

Fineburg et al. (36) described the professional education needs of public health professionals. According to them public health professionals should demonstrate cultural competency in public health administration, understand how culture affects behavior and health status, and become culturally sensitive (36). Given the dual nature of public health nutrition, these attributes could be applied to public health nutrition personnel.

Endres et al. (37) developed curriculum and training guidelines for graduate programs in public health nutrition, which was adopted by the Association of Faculties of Graduate Programs in Public Health Nutrition. The guidelines' foundation for knowledge and skills is organized into three categories: nutrition with public health application, public health, and social-behavioral sciences and education. Specific competencies related to multiculturalism include:

a) Knows principles of food science, preparation and management and translates them to meet food needs of various population groups.
b) Applies skills in strategic planning for public health and nutrition services for population groups.
c) Knows and applies skill in identifying economic and societal trends which have implications for the health and nutrition status of the population.
d) Knows and applies skill in selecting and/or developing nutrition education materials and approaches, appropriate for target populations (37 p 3-4).

Olmstead-Schafer et al. (38) identified future training needs of public health nutritionists by conducting a Delphi survey. One identified need that particularly pertains

to multiculturalism was "greater cultural sensitivity and skills to develop culturally relevant programs and services; bilingual practitioners" (38 p 282).

The public health nutritionist's responsibilities should support the mission of public health and incorporate core public health functions with a particular focus on nutrition. Therefore, as the society's interest and people change, the delivery of public health nutrition services will change. Public health nutritionists must be prepared to face an ever-changing society. Tomorrow's public health nutritionists must be culturally competent to support the mission and apply its functions (38).

A Need for Multicultural Nutrition Counseling

Multicultural nutrition counseling "involves a nutrition professional and a client from a different culture" (1 p 57). However, multicultural nutrition counseling is suspect when "much nutrition education and health counseling is structured according to traditional Caucasian values with little regard for other cultures" (39 p 86). Isselmann et al. (39) also note that many dietetic professionals have not developed adequate nutrition counseling skills. As a result, many dietetic professionals may have little or no preparation when applying cultural concepts into dietetic practice (40). Therefore, cultural factors are either neglected or insufficient in dietary assessments and interventions (40).

Nutritionists who work with diverse cultural groups must be proactive in delivering culturally appropriate nutrition services (41). They must first recognize their own culture, beliefs and attitudes (42). In addition they must become aware and

knowledgeable of cultural food practices and eating patterns as they relate to their culturally different clients (40-42). Also, Registered Dietitians should recognize that clients' needs differ, which may be influenced by ethnicity, religious affiliation, or socioeconomic status (42). Through training and experience in multicultural nutrition counseling, Registered Dietitians will obtain the necessary skills for the dietetic practice.

Nevertheless, how does a nutrition practitioner know whether he or she is competent in multicultural nutrition counseling? There is a lack of research identifying and assessing multicultural nutrition counseling competence. Hence, this study was designed to identify multicultural nutrition counseling competencies for Registered Dietitians.

MULTICULTURAL NUTRITION COUNSELING COMPETENCY MODEL

The research project developed and tested a model based on Sue et al. (5) which includes a 3 x 3 matrix. The three dimensions for cultural competency are beliefs and attitudes, knowledge, and skills. The three character dimensions for a multiculturally competent counselor are a) counselor's awareness of own cultural values and biases; b) counselor's awareness of client's worldview; and c) culturally appropriate intervention strategies. These character dimensions were termed, self awareness, cultural awareness and culturally sensitive skills, respectively, for the purpose of the proposed model (Appendix G) and for the following literature review.

Self-Awareness

According to the literature (5,43-45), self awareness has several components. First, one must recognize and understand his/her own worldview, including stereotypes, biases and prejudices. Second, self awareness is being able to recognize the influences his or her culture may have on practice with other ethnic minorities (46). Third, it is the ability to admit a lack of knowledge and understanding of other cultures (43). Therefore, before a health professional embarks on cross-cultural counseling, he or she should examine his or her own biases and acknowledge them (44-47).

Cultural Awareness

Cultural awareness helps people recognize their own culture and biases. Simultaneously, it broadens their viewpoint and sensitivity to cultural differences. A person begins to view the world differently through the perspectives of culturally-diverse individuals (47). Viewpoints begin to change as one increases his or her knowledge of different cultures, beliefs and customs. An appreciation of cultural differences recognizes people with similar characteristics and with the unique characteristics individuals possess. Basically, it is realizing that "no two people have identical cultures" (47). Cultural awareness is valuing differences among people and not viewing another race or culture as an inferior (44).

All too often, many health professionals bring a monocultural perspective into their practice. Stereotypes and bias occur when there is a limited understanding of different cultural practices or beliefs (44). As a result, ignorance limits people's

perspective. As mentioned earlier this is harmful or even unethical for the organization, profession and practice. Therefore, open-mindedness is imperative before progressing toward cultural awareness.

Cultural Skills

Cultural skills encompass self awareness and cultural awareness by providing culturally appropriate interventions (24). Thus self-awareness and cultural awareness alone are inadequate for a complete meaning of cultural competence. A culturally skilled professional has the ability and experience to perform a specific task and provide culturally appropriate services. For instance, a professional who is bilingual can communicate with other ethnic minorities when there is a language barrier. However, Cheng (48) believes that communicative competence goes beyond bilingualism. It is truly understanding the depths of verbal communication, i.e., metaphor and pragmatics and nonverbal communication, greetings and gestures (48). It also includes working with paraprofessionals and community workers to benefit the culturally different client (11). Health professionals can not "depend on a child to interpret for his or her parent because some health conditions are embarrassing" (49 p 27). "Having access to the language of the patient and his or her community is critically important" (49 p 27).

Campinha-Bacote (50) developed the Cultural Competent Model of Care for nurses, which includes cultural skills. She stresses that cultural skills are a continuing process "of learning how to assess a client's values, beliefs and practices directly by conducting a cultural assessment" (50 p 19). The most important element of cultural

skills is that skill development is an ongoing process. One may be an expert when working with one ethnic minority group, but a novice when working with a different ethnic group. The nursing profession uses culturally sensitive assessment tools so that care is provided to all patients, especially ethnic minorities. They recognize that all patients are different and have their own traditions and belief systems (50). Nurses use several culturally appropriate assessment tools but knowing how to use the cultural assessment tool is most important (50).

Model Proposed for the Research

For this research, a model was developed to define multicultural counseling competencies for Registered Dietitians (Figure 1). This model was based primarily on the work of Sue et al. (5) and with support from the work of Sodowsky (6) and Pope and Reynolds (13). The work of the latter researchers was used to compare and contrast with the established counseling competencies developed by Sue et al. (5). From this literature review, additional research in counseling and nutrition practice (51-53) was reviewed. This review either confirmed the original counseling competencies established or provided additional competencies for nutrition professionals who work with ethnic minority groups. The resulting model, which was the basis for this research, has 46 multicultural nutrition counseling competencies categorized into three character dimensions (Counselor's Awareness of Self, Counselor's Awareness of Client's Worldview, and Cultural Intervention Strategies), and three cultural competency dimensions (beliefs and attitudes, knowledge, and skills) (Figure 1 and Appendix G).

In summary, this literature review indicates that extensive work has been done within the counseling profession to identify multicultural counseling competencies and to assess competence of practitioners. While the dietetic profession uses a similar competency-based model overall for practice, identification and assessment of multicultural nutrition counseling competencies is inadequate. It is important that Registered Dietitians, who work with various ethnic groups, be multiculturally competent, given the changing and dynamic nature of our society. Thus, the purpose of this research was to identify multicultural nutrition counseling competencies for Registered Dietitians as perceived by nutrition practitioners interested in public health nutrition and nutrition experts who direct didactic and experiential components of professional development programs.

Proposed Multicultural Nutrition Counseling Competency Model
For
Registered Dietitians

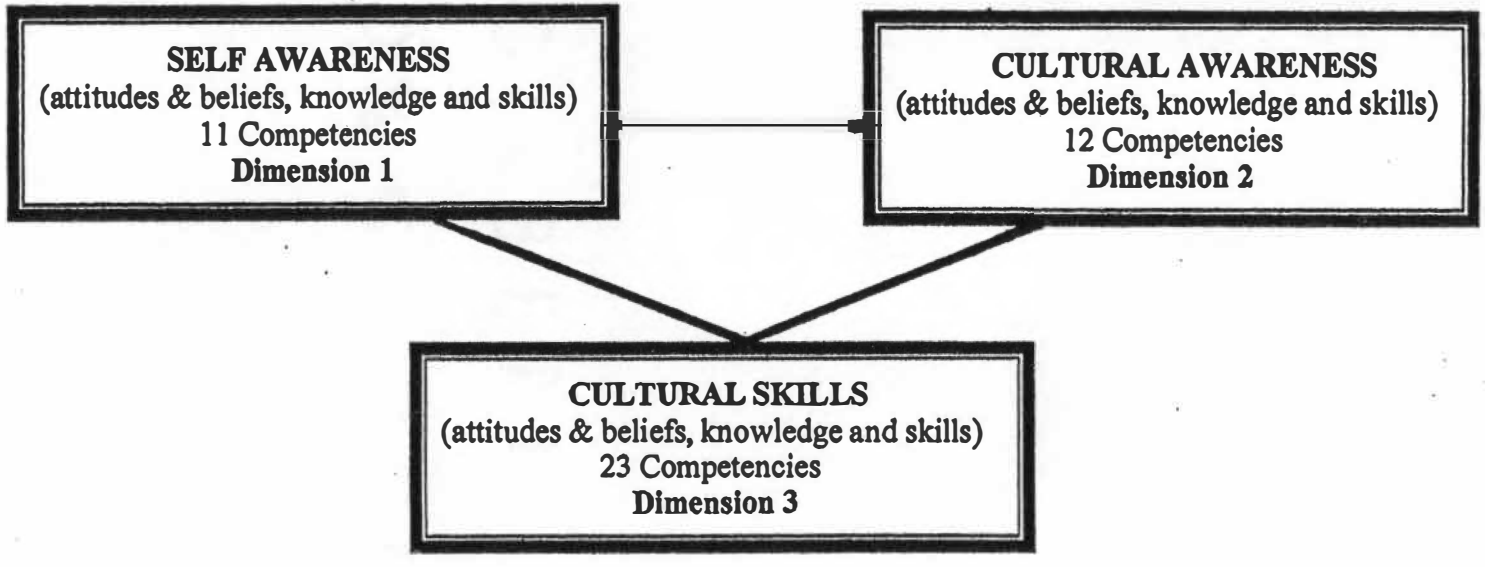

Figure 1. Multicultural Nutrition Counseling Competency Model For Registered Dietitians

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PART II

INTRODUCTION, METHODOLOGY AND FINDINGS

INTRODUCTION

As society moves toward a more diverse population, there will be a demand for more culturally competent professionals. Due to a rapid increase in different ethnic groups, some professional groups, such as counseling psychology, nursing and college student personnel, have accepted the challenge to become multiculturally competent in their practice. They have developed multicultural counseling competency models and instruments to assess students' and professionals' competency level. While other counseling professionals have taken a lead in this area, many dietetic professionals have not developed adequate nutrition counseling skills, specifically in multicultural nutrition counseling (1). Due to a lack of research in this area, the researcher developed a model and identified multicultural nutrition counseling competencies for Registered Dietitians.

MODELS OF MULTICULTURAL COMPETENCIES

Multicultural competence is a unique category of awareness, knowledge and skills that enable a system, agency or professional to work effectively in cross-cultural situations (2). Sue et al. (3) pioneered the first efforts to identify cross-cultural competencies within the field of counseling. Originally, their model included competencies divided into three dimensions: a) beliefs and attitudes; b) knowledge; and c) skills. In 1992 Sue et al.(4) conducted extensive research regarding multicultural counseling competencies by defining their rationale; developing multicultural standards and competencies; and advocating strategies to implement these standards and competencies. As a result these same

researchers introduced three new dimensions to multicultural counseling competencies in addition to the ones originally proposed in 1982. These three new dimensions were culturally appropriate intervention strategies; counselor's awareness of his/her own assumptions, values, and biases; and counselor's awareness of client worldview. A 3 x 3 matrix was composed to include 31 multiculturally counseling competencies for counseling professionals.

Pope and Reynolds (5) proposed a model of 7 core competencies for the student affairs profession which was based on the work of Sue et al. (3) and Pedersen (6). They defined one competency as multicultural awareness, knowledge and skills and it has 32 characteristics for multiculturally competent student affairs' practitioners. While this core competency is only one of the seven, the researchers believe that this competency should be integrated into the other six competencies.

Campinha-Bacote (7) identified the Culturally Competency Model of Care, which includes four components of cultural competence for nursing care: cultural awareness, cultural knowledge, cultural skill and cultural encounters. This model should be viewed as a process in which nurses continuously strive to provide culturally appropriate services effectively to individuals of diverse populations (7).

In addition to Sue et al.'s work, other researchers have proposed models of cultural competence. Cross et al.(2) developed a cultural competency continuum model, which other professions have adopted. This continuum has six levels ranging from cultural destructiveness to cultural proficiency. It demonstrates a developmental process in which

a system, an agency, or a professional strives to meet appropriate goals. This continuum guides the developmental process as one measures progress toward providing culturally competent services.

INSTRUMENTS TO ASSESS MULTICULTURAL COMPETENCIES

Once a profession or organization establishes a foundation of core competencies, it can develop an instrument to help students and professionals assess their multicultural counseling competence. Researchers have developed four multicultural counseling competency instruments based on the competencies established by Sue et al. (3). Three of the instruments are self-reported measures assessing counseling professionals' and students' multicultural competence: Multicultural Awareness-Knowledge-And-Skill Survey (MAKSS) (8), Multicultural Counseling Awareness Scale (MCAS) (9), Multicultural Counseling Inventory (MCI) (10). The Cross-Cultural Counseling Inventory (11) is the fourth assessment instrument in which supervisors assess multicultural counseling competence of counselors.

Sodowsky et al. (10) developed the MCI and conducted two studies to define operationally the proposed dimensions of multicultural counseling competencies. The first study surveyed 604 graduate students and counseling professionals. Subjects completed an 87-item self report instrument on multicultural and general counseling competencies. Researchers used exploratory factor analysis to analyze the data and determine the dimensionality (belief and attitude, knowledge and skills) of the competencies proposed by Sue et al. (3). Three of the four dimensions determined by factor analysis were

comparable to Sue et al.'s (3) work: Multicultural Awareness, Multicultural Knowledge and Multicultural Skills. The fourth dimension was Multicultural Relationship, which included the counselor's trustworthiness and comfort level when interacting with minority clients.

In Sodowsky et al.'s second study (10) confirmatory factor analysis "test(ed) the hypothesis that some specified subsets of observed variables (i.e., specific items of a measure) define a pre-specified latent factor" (10 p 142). They confirmed the four dimensions of the first study by operationally defining multicultural counseling competencies for counseling psychologists.

DIETETIC COMPETENCIES RELATED TO MULTICULTURALISM

The American Dietetic Association uses a life long learning competency-based model for entry-level dietetic practice as a Registered Dietitian, which has five stages of professional growth: novice, beginner, competent, proficient and expert. Core competencies for dietetic education and supervised practices are listed in the *Accreditation Approval Manual for Dietetic Education Programs* (12). Some of the foundation knowledge and skills provide a broad overview on multicultural issues as follows:

Graduates will have a working knowledge of:

1) Sociocultural and ethnic food consumption issues and trends for various consumers
2) Influences of socioeconomic, cultural and psychological factors on food and nutrition behavior

Graduates will demonstrate the ability to:

1) Determine nutrient requirements across the lifespan, i.e., infants through geriatrics and diversity of people, culture and religions (12 p 46-47).

Some core multicultural competency statements for supervised dietetic practice of entry level dietitians are:

> 1) Manage the normal nutrition needs of individuals across the life span, i.e., infants through geriatrics and a diversity of people cultures and religions.
> 2) Provide nutrition care for population groups across the life span, i.e., infants through geriatrics, and a diversity of people, cultures and religions.
> 3) Develop and review educational materials for target population.
> 4) Supervise screening of nutrition status of the population and/or community groups (12 p 49-51).

Within the dietetic profession, there is a subgroup or specialty area of public health nutrition. The curriculum and training guidelines for graduate programs in public health nutrition (13) have specific competencies related to multiculturalism, which include:

> 1) Knows principles of food science, preparation and management and translates them to meet food needs or various population groups
> 2) Applies skills in strategic planning for public health and nutrition services for population groups
> 3) Knows and applies skills in identifying economic and societal trends which have implications for the health and nutrition status of the population
> 4) Knows and applies skills in selecting and/or developing nutrition education materials and approaches, appropriate for target populations (13 p 3-4)

It is imperative that Registered Dietitians working in community and public health nutrition programs attain these competencies for professional development and growth. As a result, dietetic professionals will become multiculturally competent and deliver culturally appropriate nutrition programs, including effective nutrition education and/or counseling to various ethnic populations.

MULTICULTURAL NUTRITION COUNSELING

Multicultural nutrition counseling "involves a nutrition professional and a client from a different culture" (14 p 57). However, multicultural nutrition counseling is suspect when "much nutrition education and health counseling is structured according to traditional Caucasian values with little regard for other cultures" (15 p 86). Isselmann et al. (1) also note that many dietetic professionals have not developed adequate nutrition counseling skills. As a result, many dietetic professionals may have little or no preparation when applying cultural concepts into dietetic practice (16). Therefore, cultural factors are either neglected of insufficient in dietary assessments and interventions (16).

Nutrition professionals who work with diverse cultural groups must be proactive in delivering culturally appropriate nutrition services (17). They must first recognize their own culture, beliefs and attitudes (18). In addition they must become aware and knowledgeable of cultural food practices and eating patterns as they relate to their culturally different clients (16-18). Also, Registered Dietitians should recognize that clients' needs differ, which may be influenced by ethnicity, religious affiliation, or socioeconomic status (18). Through training and experience in multicultural nutrition counseling, Registered Dietitians will obtain the skills necessary for the dietetic practice.

METHODS

PROPOSED MULTICULTURAL NUTRITION COUNSELING COMPETENCY MODEL

Following an extensive literature review (3-5,10,19-21), we developed a model to identify multicultural nutrition counseling competencies for Registered Dietitians. We based this model primarily on the work of Sue et al. (4) and with support from work of Sodowsky (10) and Pope and Reynolds (5). We tailored it to include work from nutrition professionals; thus, the model specifically focuses on multicultural nutrition counseling. It is a 3 x 3 matrix consisting of 46 competencies, which has three dimensions for cultural competency (beliefs and attitudes, knowledge and skills) and three character dimensions for a multiculturally competent counselor [a) counselor's awareness of own cultural values and biases; b) counselor's awareness of client's worldview; and c) culturally appropriate intervention strategies].

MULTICULTURAL NUTRITION COUNSELING COMPETENCY SURVEY DEVELOPMENT

To test the model and identify what multicultural nutrition counseling competencies are essential for Registered Dietitians, a Multicultural Nutrition Counseling Competency Survey (MNCCS) was developed based on the 46 proposed competencies proposed. Respondents used a Likert scale of 1 to 7 (1= Unessential to 7 = Essential) to delineate how essential each competency will be in the next ten years for the entry-level

Registered Dietitian. An example of a competency is "have knowledge of cultural eating patterns and family traditions, such as core foods, traditional celebrations and fasting."

To refine the instrument and establish its face validity, five Registered Dietitians with two or more years of nutrition counseling experience reviewed the survey in relation to the proposed model. Following revisions the instrument included 46 competency questions and 12 personal inventory questions to describe respondents demographically and to apply the selection criteria for respondent selection.

The survey was pilot-tested twice with 30 members of the Knoxville District Dietetic Association who were Registered Dietitians with at least one year of nutrition counseling experience. We reviewed and used completed pilot surveys to revise the instrument as needed.

SUBJECT SELECTION and SURVEY ADMINISTRATION

We tested this model with members of the American Dietetic Association's Public Health Nutrition Practice Group (PHNPG) and directors of Didactic Programs in Dietetics (DPD) and Dietetic Internships (DI). We obtained 1300 names and addresses from the PHNPG mailing list and *Directory of Dietetic Programs* (1997-1998). Assuming a 0.05% desired confidence interval (22) and projected 50-60% response rate based on previous research with similar groups (23-25), 604 subjects were selected using a stratified random sample for proportional group representation. The selection criteria involved being a Registered Dietitian and member of the practice group or a director of a DI or DPD program.

We modified Dillman's (26) procedures for mailing surveys and included initial mailing (cover letter, survey and a self-addressed, stamped return envelope), reminder postcard one week after the initial mailing, and second complete mailing to non-respondents three weeks after the initial mailing. The University's Office of Research Administration approved this research study for use with human subjects.

DATA ANALYSIS

We entered raw data twice into a computer file and verified the data from returned surveys. Only data from subjects meeting the selection criteria for inclusion were analyzed using SAS (SAS Procedures Guide Version 6, 1990, Cary, NC, SAS Institute, Inc.). Descriptive statistics, including frequencies and mean with standard deviation, were used to describe the sample based on the personal inventory section. Exploratory principal component analysis was used to analyze the dimensionality of the multicultural nutrition counseling competencies. Only competencies with loading values greater than 0.400 were accepted. For the remaining factors, scree plot and factor interpretability were used to determine the optimal number of factors to extract. Reliability coefficients (Cronbach's alpha) were calculated for each item. MANOVA analysis was used to determine if ratings among respondents differed between those who provided nutrition counseling or education to culturally different clients and those who did not. After reviewing the items and finding a common theme, we named the final extracted factors.

RESULTS

DEMOGRAPHICS

Of the 604 subjects surveyed, 40% and 20% responded to each of the two complete mailings for a 60% (n=363) overall response rate. Of respondents, 94.4% (n=343) met the selection criteria. By group, response rates were 56.9% (n=230), 73.2% (n=71), and 53.4% (n=55) for the practice group, and directors of DPD and DI, respectively. Most respondents were Caucasian (85.7 spoke English as their primary language (96.8%), and had Master's degrees (64.4%). Most (37.9%) worked in a community/public health facility or organization and 50% provided nutrition counseling or education to culturally different clients. Of this group, 28.4% counseled 50% or more of the time (n=48) and 71.6% counseled less than 50% of the time (n=121). On average all respondents had 19.8 years of nutrition and dietetic experience and those who counseled culturally different clients had done so for 12.8 years (Table 2).

MULTICULTURAL NUTRITION COUNSELING FACTORS

Eight factors accounting for 65.8% of the total variance were extracted. After reviewing the scree plot and factor interpretability, 3 final factors were extracted with 28 competencies loading on these factors (Figure 2 and Table 3). Eigenvalues for each factor were 19.96, 2.64, and 1.60, and percent variances were 14.4%, 11.5%, and 9.0%, respectively. The *F* value was 0.99 with a *P*- value of 0.44 which was not significant for

Table 2. Characteristics of Respondents

Characteristics	Respondents (n=343)[a] No.	%
Race		
Caucasian	294	86.0
African American	20	5.8
Hispanic American	6	1.8
Pacific Islander/Asian American	13	3.8
Alaskan/Native American	1	0.3
Others	8	2.3
Education		
Bachelor	58	16.9
Master	221	64.4
Doctoral	61	17.8
Post-Doctoral	3	0.9
Primary Work		
Community/Public Health Facility	130	37.9
College/University	96	27.9
Clinical/Acute and/or Long-term care facility	30	8.7
Administration/Food service operation	14	4.1
Private practice/Self-employed	12	3.5
Retired or currently not employed	12	3.5
Ambulatory/Outpatient clinic or office	8	2.3
Others	41	12.0

Table 2. Continue	Respondents (n=343) No.	%
Nutrition Counseling		
Counseled Culturally Different Clients	171	50.4
More than 50 % of the time	48	28.4
Less than 50% of the time	121	71.6
0-5 hours weekly	115	68.9
6-15 hours weekly	28	16.8
15 or more hours weekly	24	14.4

[a] Varies from total because some respondents did not complete ratings for all items

Multicultural Nutrition Counseling Competency Model
For
Registered Dietitians

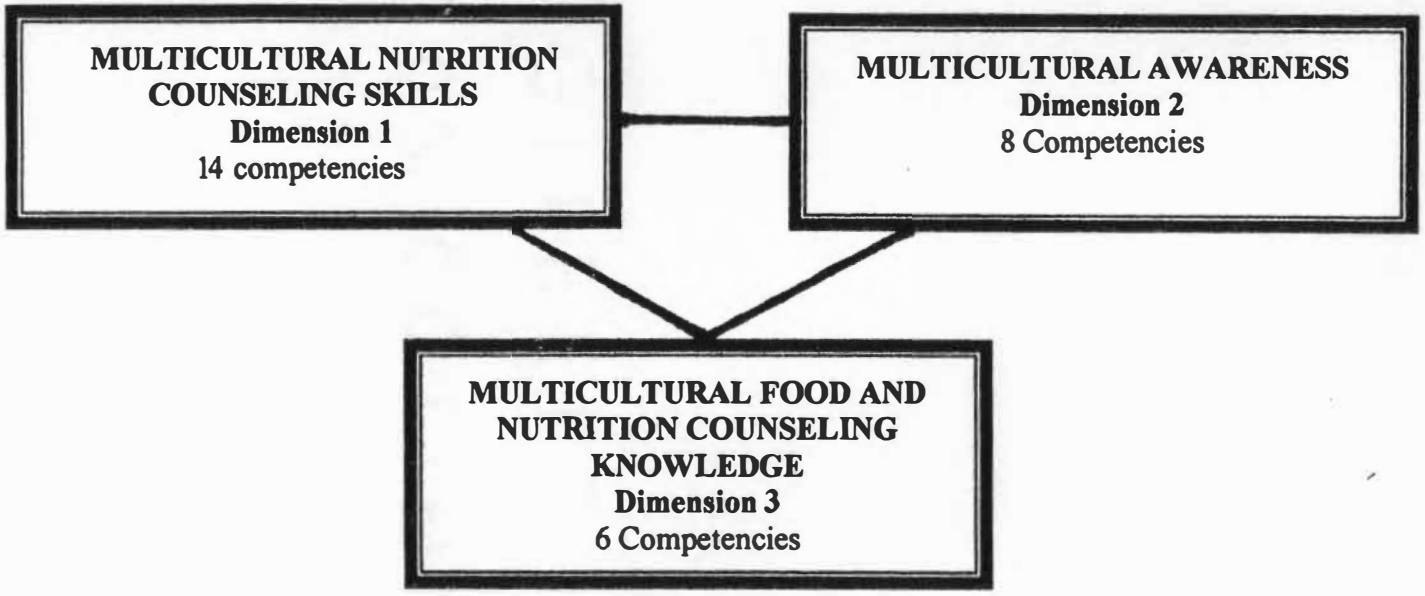

Figure 2. Multicultural Nutrition Counseling Competency Model for Registered Dietitians

Table 3. Multicultural Nutrition Counseling Competencies [1]	
Multicultural Nutrition Counseling Skills (Factor 1)	**Factor Loadings[2]**
1. Have the ability to differentiate between individual cultural differences and universal similarities	.684
2. Be experienced in the application of medical nutrition therapy and nutrition related health promotion/disease prevention strategies that are culturally appropriate	.658
3. Have the ability to use cultural knowledge and sensitivity for appropriate nutrition intervention and materials	.651
4. Take responsibility of collectively working with community leaders or members about unique knowledge or abilities for the benefit of the culturally different client	.648
5. Be able to evaluate new techniques, research and knowledge as to its validity and applicability in working with culturally different populations	.639
6. Take responsibility in educating her client to the nutrition counseling process, such as goals, expectations, and the counselor's orientation, which includes the client's values and life style	.614
7. Be able to send and receive verbal and nonverbal messages and to alter them as necessary in recognition that helping style and approaches may be cultural bound	.592
8. Have knowledge of cultural groups, their family and communities, values and beliefs, characteristics and resources	.581
9. Understand how such things as race, culture, and economics may affect not only food practices, but also nutrition-related health problems, and the appropriateness of counseling approaches	.513
10. Have a clear and explicit knowledge and understanding of the generic characteristics of counseling and how they may clash with the cultural values of various minority groups.	.489
11. Identify additional resources (agencies, persons, informal helping network, ethnic food stores, etc.) which may be utilized by her client	.479

Table 3. (continued)	
12. Have the ability to gain the trust and respect of individuals who are culturally different from herself	.442
13. Not be adverse to seeking consultation with traditional healers and religious and spiritual leaders and practitioners in the treatment of culturally different clients when appropriate	.434
14. Be aware of institutional or agency barriers that prevent some cultural groups from using nutrition health services	.409
Multicultural Awareness (Factor 2)	
1. Be aware of how her own cultural background and experiences, and attitudes, values and biases influence nutrition counseling	.781
2. Be able to recognize the limits of her cultural competencies and abilities	.773
3. Have moved form being culturally aware to being aware and sensitive to her own cultural heritage and to valuing and respecting differences	.713
4. Be comfortable with differences that exist between herself and clients in terms of race, ethnicity, culture, beliefs, and food practices	.633
5. Believe in the value and significance of her own cultural heritage and worldview as a starting point for understanding others who are culturally different from her	.619
6. Believe that cultural differences do not have to negatively impact communication or counseling relationships	.586
7. Be aware of stereotypes and preconceived notions that she may hold toward other culturally different groups	.480
8. Be knowledgeable about communication style differences, how her style may clash or foster the counseling process with culturally different clients, how to anticipate the impact it may have on others.	.470

Table 3. (continued)	
Multicultural Food and Nutrition Counseling Knowledge (Factor 3)	
1. Understand food selection, preparation and storage within a cultural context	.725
2. Have knowledge of cultural eating patterns and family traditions such as core foods, traditional celebration, and fasting	.708
3. Familiarize herself with relevant research and the latest findings regarding food practices and nutrition-related health problems of various ethnic and racial groups	.665
4. Possess specific knowledge of cultural values, health beliefs and nutrition practices of particular groups served, including culturally different clients	.543
5. Have knowledge about with-in group differences and understanding of variations in food practices	.516
6. Apply the helping principle of "starting where the client is" by considering changes in eating patterns, such as addition of American foods or substitution of foods	.502

[1] Please note that although we recognize males and females are Registered Dietitians, we have used feminine pronouns to simplify the statements.
[2] Competencies with factor loading values greater than 0.400 were accepted.

the MANOVA. There was no difference whether or not respondents counseled culturally different clients. Cronbrach's alpha, or reliability coefficients, range from 0.96 to 0.97.

Factor 1, named Multicultural Nutritional Counseling Skills, had 14 competencies with factor loadings ranging from 0.41 to 0.68. This Factor refers to culturally appropriate intervention strategies. Factor 2, named Multicultural Awareness, had 8 items with factor loadings ranging from 0.47 to 0.78. This Factor refers to self- awareness and cultural-awareness. Factor 3, named Multicultural Food and Nutrition Counseling Knowledge, had 6 competencies with factor loadings ranging from 0.50 to 0.73. This Factor refers to counselors' awareness of clients' worldview regarding food and nutrition practices.

DISCUSSION

This research tested a model for multicultural nutrition counseling competencies. From this study 28 competencies emerged and were divided into three dimensions: Multicultural Awareness, Multicultural Food and Nutrition Counseling Knowledge and Multicultural Nutrition Counseling Skills (Figure 2 and Table 3). The resulting model is similar to those proposed by Sue et at. (3,4), Pope and Reynolds (5), Campinha-Bacote (7), and Sodowsky et al. (10), which also include awareness-beliefs/attitudes, knowledge and skills. However, the competencies within the multicultural nutrition counseling model are specific to dietetic professional practice and specifically, the role of food and nutrition in counseling.

In addition, the resulting model and the originally proposed model had some similarities and differences (Figure 3). Factor 1 was similar to the character dimension, culturally appropriate intervention strategies, in the proposed model. All of the competencies in Factor 1 were from this character dimension except for one. This one competency came from the character dimension, counselor's awareness of client's worldview. Most competencies related to skills and as a result, we named this factor Multicultural Food and Nutrition Counseling Skills, because it relates to intervention strategies that are culturally appropriate.

Factor 2 was similar to the character dimension, counselor's awareness of own cultural values and biases, in the proposed model. Competencies in Factor 2 were from this character dimension except for one and all of them related to attitudes and beliefs. Therefore, we named this factor Multicultural Awareness because most of the competencies related to self awareness. Factor 3 was similar to the character dimension, counselor's awareness of client's worldview, in the proposed model. Competencies in Factor 3 were from this dimension and they related mostly to knowledge. We named Factor 3 Multicultural Food and Nutrition Counseling Knowledge because many competencies related to knowledge of cultural food practices and eating patterns. We dropped eighteen competencies because of low Eigenvalues and interpretability.

Multicultural Awareness (Factor 2) is the initial step toward becoming multiculturally competent in nutrition counseling. It involves self awareness, which includes conducting a self evaluation of one's own beliefs and attitudes (10). A multiculturally competent dietetic professional should believe in the value and

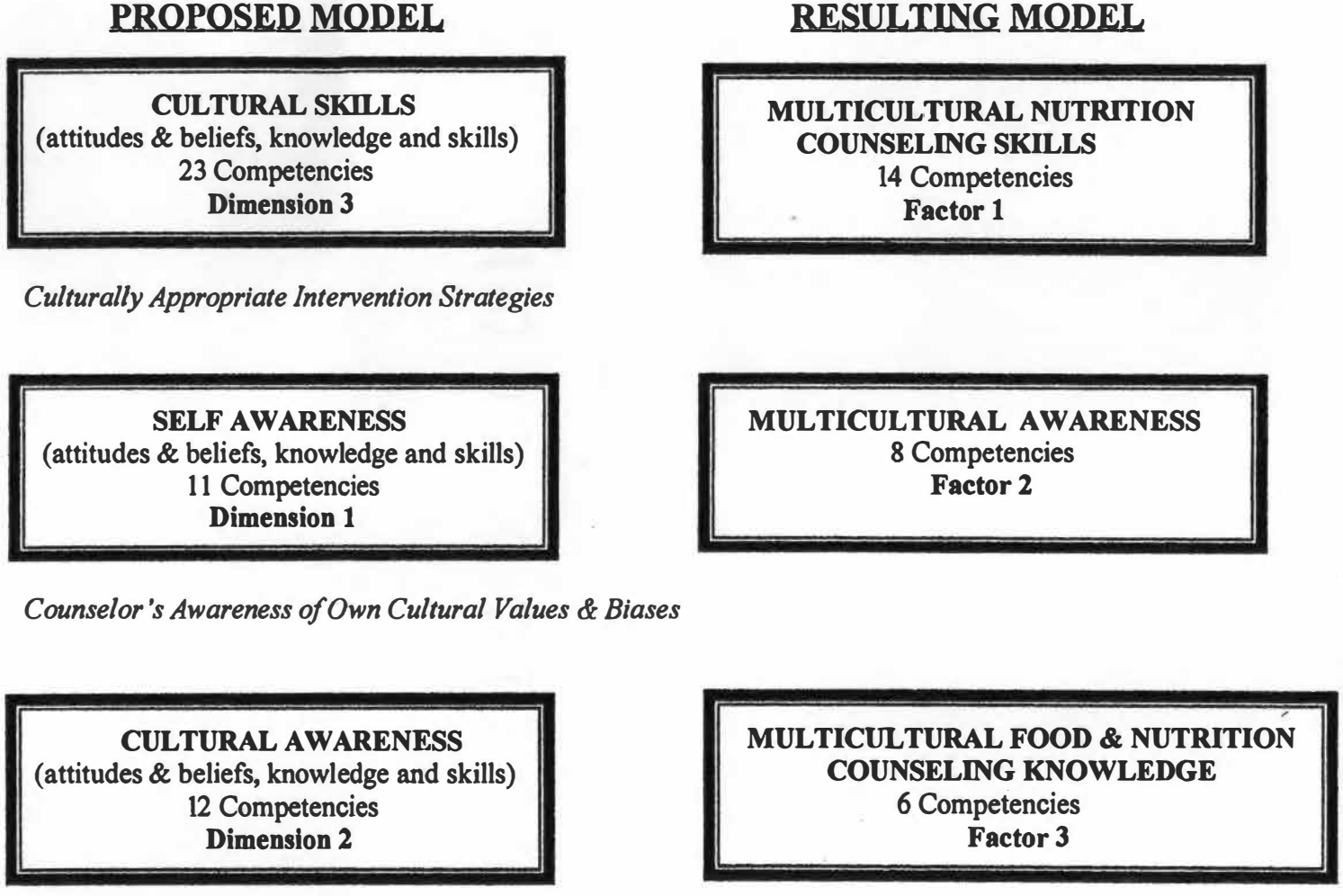

Figure 3. Proposed and Resulting Models

significance of her own cultural heritage and worldview as a starting point for understanding others who are culturally different from herself. This process also helps a person recognize limits when providing culturally appropriate services. For instance, a multiculturally competent dietetic professional counseling a client who speaks another language will include a skilled interpreter in the nutrition counseling session or learn to speak the language that applies to her clients. Thus, Registered Dietitians should be comfortable with differences that exist between them and clients in terms of race, ethnicity, culture, beliefs, and food practices.

Although all three dimensions in this study are similar to other models (3-5,7,10), two factors, Multicultural Nutrition Counseling Skills (Factor 1) and Multicultural Food and Nutrition Counseling Knowledge (Factor 3), are unique to the dietetic professional. For the Multicultural Food and Nutrition Knowledge dimension, nutrition counselors must possess knowledge of cultural food practices specific to various populations they serve. Understanding of food selection, preparation and storage within a cultural context and knowledge of cultural eating patterns and family traditions, such as core foods, traditional celebrations and fasting, are important according to the respondents in this study. It also is important to become familiar with relevant research and the latest findings regarding food practices and nutrition-related health problems of various ethnic and racial groups. Thus, although becoming aware of oneself is the initial step, knowledge of cultural food practices empowers the counselor to provide optimal nutrition services to culturally different clients.

The Multicultural Nutrition Counseling Skills dimension (Factor 1) reaches beyond

general nutrition counseling skills, such as paraphrasing and active listening. A multiculturally competent nutrition counselor has the ability and experience to perform specific tasks that are culturally appropriate for the nutrition counseling session. This dimension encompasses the other two dimensions (awareness and knowledge) because a nutrition counselor has to have self awareness and knowledge of cultural food practices before he or she can adequately perform specific tasks that are culturally appropriate. For example, a competent dietetic professional should be able to evaluate new techniques, research and knowledge as to its validity and applicability in working with culturally different populations. Thus, one can use cultural knowledge and sensitivity for appropriate nutrition interventions and materials.

Although results of this study determined that 28 competencies divided into three dimensions are essential for future entry-level dietetic practice, 18 proposed competencies were eliminated. It remains unclear whether or not the eliminated competencies are essential for overall or advanced practice, since previous literature review (14,19-21) recommended these competencies for multicultural nutrition counseling. This may warrant future investigation.

Two of the eliminated competencies, valuing bilingualism and acquiring a language to benefit a culturally different population, were extracted on factors with low Eigenvalues and low interpretability. Language barriers can adversely affect the delivery and success of nutrition services in the community (15). A recent cursory review of positions advertised in the *Journal of the American Dietetic Association* (28-30) revealed that some employers prefer bilingual practitioners. Of note is that only 30% of

respondents in this study were bilingual, which may have influenced their responses. Nutrition counselors who are not bilingual should ensure that skilled interpreters are available during the counseling session for clients who speak a language other than their own.

Currently, multiculturally competent dietetic professionals are in demand. In fact, the Healthy People 2010 draft (31) indicates that we must address the issue of cultural and linguistic differences at all levels to assure competence within a diverse public health workforce. Therefore entry-level and practicing dietetic professionals must be multiculturally competent in delivering culturally appropriate services to ethnic minority clients and/or culturally different clients. Organizationally, the American Dietetic Association (ADA) advocates multicultural competence and it plans to "incorporate diversity-related activities that will prepare it members to accomplish professional goals successfully" (32 p 1242). Thus it is important that ADA and its members consider this model and its 28 competencies in academic preparation and professional experience, especially for those who work with various cultural groups.

This study proposed and tested a new model about nutrition counseling and specific for multiculturally nutrition counseling. However, we noted some limitations within this research. We included only Registered Dietitians of the three target groups in this study. These groups represent a practice group concerned with public health nutrition and therefore population groups, and professionals concerned with education and training of Registered Dietitians. However, they do not encompass all Registered Dietitians and the results, therefore, cannot be generalized to them. In addition, the respondents represent

professional views and not those of paraprofessionals and clients. The MANOVA analysis revealed that respondents with or without cross-cultural counseling experience had similar responses for each factor. However, this study does not distinguish among Registered Dietitians with various levels of training and education, specifically in multicultural nutrition counseling. Although 18 competencies were considered unessential for entry-level Registered Dietitians, further research would determine if they should be included in dietetic training or advanced practice. Moreover, as in the work of Sodowsky et al. (10), confirmatory factor analysis would confirm the three factors by operationally defining the competencies.

APPLICATIONS

It is imperative for Registered Dietitians who work with various cultural groups to be multiculturally competent, given the changing and dynamic nature of our society. The resulting multicultural nutrition counseling model is a guideline, which can be applied to many aspects of the dietetic profession. The American Dietetic Association (ADA) should promote a competency for the dietetic profession that specifically focuses on multicultural nutrition counseling. In addition, the ADA's Diversity Committee should review the model to decide how the competencies fit into the committee's objectives. Directors of Didactic Programs in Dietetics and Dietetic Internship Programs may want to focus on some competencies to enhance dietetic education and training. Public health nutritionists may use some competencies as a basis for selecting continuing education opportunities to

enhance their multicultural nutrition counseling competence.

Further research should continue in multicultural nutrition counseling to ensure Registered Dietitians provide culturally appropriate nutrition services to culturally different populations. One recommendation for further research is to determine what competencies are important from other perspectives, such as those of dietetic technicians, paraprofessionals and clients and/or community leaders. In addition, developing a valid self-assessment instrument will help dietetic students and professionals assess their multicultural nutrition counseling competence. An assessment tool can determine areas that dietetic students and professionals may improve. Based on such assessments, continuing education programs can be developed so that professionals can enhance their practice.

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APPENDICES

APPENDIX A

Competency Model of Sue et al. (1992)

Cross-Cultural Competencies

I. Counselor Awareness of Own Cultural Values and Biases

A. Attitudes and Beliefs

1. Culturally skilled counselors have moved from being culturally unaware to being aware and sensitive to their own cultural heritage and to valuing and respecting differences.
2. Culturally skilled counselors are aware of how their own cultural backgrounds and experiences and attitudes, values and biases influence psychological processes.
3. Culturally skilled counselors are able to recognize the limits of their competencies and expertise.
4. Culturally skilled counselors are comfortable with differences that exist between themselves and clients in terms of race, ethnicity, culture, and beliefs.

B. Knowledge

1. Culturally skilled counselors have specific knowledge about their own racial and cultural heritage and how it personally and professionally affects their definitions of normality-abnormality and the process of counseling.
2. Culturally skilled counselors possess knowledge and understanding about how oppression, racism, discrimination, and stereotyping affects them personally and in their work. This allows them to acknowledge their own racist attitudes, beliefs and feelings. Although this standard applies to all groups, for White counselors it may mean that they understand how they may have directly or indirectly benefitted from individual, institutional, and cultural racism (White identity development models).
3. Culturally skilled counselors possess knowledge about their social impact on others. They are knowledgeable about communication style differences, how their style may clash or foster the counseling process with minority clients, and how to anticipate the impact it may have on others.

C. Skills

1. Culturally skilled counselors seek out educational consultative, and training experience to improve their understanding and effectiveness in working with culturally different populations. Being able to recognize the limits of their competencies, they a) seek consultation, b) seek further training or education, c) refer out to more qualified individuals or resources, or d) engage in a combination of these.
2. Culturally skilled counselors are constantly seeking to understanding themselves as racial and cultural beings and are actively seeking a nonracist identity.

II. Counselor Awareness of Client's Worldview

A. Attitude and Beliefs

1. Culturally skilled counselors are aware of their negative emotional reaction toward other racial and ethnic groups that may prove detrimental to their clients in counseling. They are willing to contrast their own beliefs and attitudes with those of their culturally different clients in a nonjudgmental fashion.
2. Culturally skilled counselors are aware of their stereotypes and preconceived notions that they may hold toward other racial and ethnic minority groups.

B. Knowledge

1. Culturally skilled counselors possess specific knowledge and information about the particular group they are working with. They are aware of their life experiences. Cultural heritage, and historical background of their culturally different clients. This particular competency is strongly linked to the "minority identity development models" available in the literature.
2. Culturally skilled counselors understand how race, culture, ethnicity, and so forth may affect personality formation, vocational choices manifestation of psychological disorders, help-seeking behavior, and the appropriateness or inappropriateness of counseling approaches.
3. Culturally skilled counselors understand and have knowledge about sociopolitical influences that impinge upon the life of racial and ethnic minorities. Immigration issues, poverty, racism, stereotyping, and powerlessness all leave major scars that may influence the counseling process.

C. Skills

1. Culturally skilled counselors should familiarize themselves with relevant research and the latest findings regarding mental health and mental disorders of various ethnic and racial groups. They should actively seek out educational experiences that foster their knowledge, understanding, and cross-cultural skills.
2. Culturally skilled counselors become actively involved with minority individuals outside of the counseling setting (community events, social and political functions, celebrations, friendships neighborhood groups, and so forth) so that their perspective of minorities is more than ac academic or helping exercise.

III. Culturally Appropriate Intervention Strategies

A. Attitudes and Beliefs

1. Culturally skilled counselors respect clients' religious and/or spiritual beliefs and values, including attributions and taboos, because they affect worldview, psychosocial functioning and expressions of distress.
2. Culturally skilled counselors respect indigenous helping practices and respect minority community intrinsic helping-giving networks.
3. Culturally skilled counselors value bilingualism and do not view another language as an impediment to counseling (monoligualism may be the culprit).

B. Knowledge

1. Culturally skilled counselors have clear and explicit knowledge and understanding of the generic characteristics of counseling and therapy (culture bound, class bound, and monolingual) and how they may clash with the cultural values of various minority groups.
2. Culturally skilled counselors are aware of institutional barriers that prevent minorities from using mental health services.
3. Culturally skilled counselors have knowledge of the potential bias in assessment instruments and use procedures and interpret findings keeping in mind the cultural and linguistic characteristic of the clients
4. Culturally skilled counselors have knowledge of minority family structures, hierarchies, values, and beliefs. They are knowledge about the community characteristics and the resources in the community as well as the family.
5. Culturally skilled counselors should be aware of relevant discriminatory practices at the social and community level that may be affecting the psychological welfare of the population being served.

C. Skills

1. Culturally skilled counselors are able to engage in a variety of verbal and nonverbal helping responses. They are able to send and receive both verbal and nonverbal messages accurately and appropriately. They are not tied down to only one method or approach may be culture bound. When they sense that their helping style is limited and potentially inappropriate, they can anticipate and ameliorate its negative impact.
2. Culturally skilled counselors are able to exercise institutional intervention skills on behalf of their clients. They can help clients determine whether a "problem" stems from racism or bias in others (the concept of health paranoia) so that clients do not inappropriately personalize problems.
3. Culturally skilled counselors are not averse to seeking consultation with traditional healers and religious and spiritual leaders and practitioners in the treatment of culturally different clients when appropriate.
4. Culturally skilled counselors take responsibility for interacting in the language requested by the client and, if not feasible, make appropriate referral. A serious problem arise when the linguistic skill of a counselor do not match the language of the client. This being the case, counselors should a) seek a translator with cultural knowledge and appropriate professional background and b) refer to a knowledgeable and competent bilingual counselor.
5. Culturally skilled counselors have training and expertise in the use of traditional assessment and testing instruments. They not only understand the technical aspects of the instruments but are also aware of the cultural limitations. This allows them to use test instruments for the welfare of the diverse clients.

6. Culturally skilled counselors should attend to as well as work to eliminate biases, prejudices, and discriminatory practices. They should be cognizant of sociopolitical contexts in conducting evaluation and providing interventions and should develop sensitivity to issues of oppression, sexism, elitism, and racism.
7. Culturally skilled counselors take responsibility in educating their clients to the processes of psychological intervention, such as goals, expectations, legal rights, and the counselor's orientation.

APPENDIX B

Competency Model of Pope and Reynolds (1997)

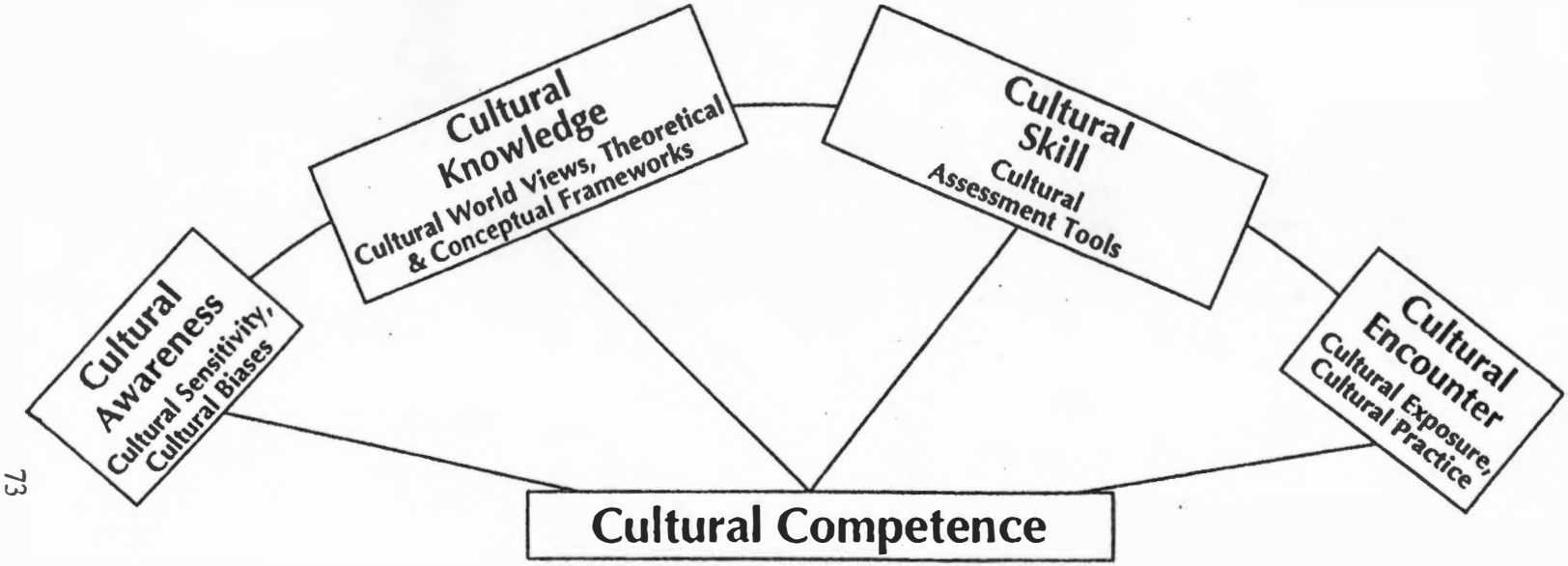
Characteristics of a Multiculturally Competent Student Affairs Practitioner

Multicultural Awareness	Multicultural Knowledge	Multicultural Skills
A belief that differences are valuable and that learning about others who are culturally different is necessary and rewarding.	Knowledge of diverse cultures and oppressed groups (i.e., history, traditions, values, customs, resources, issues).	Ability to identify and openly discuss cultural differences and issues.
A willingness to take risks and see them as necessary and important for personal and professional growth.	Information about how change occurs for individual values and behaviors.	Ability to assess the impact of cultural differences on communication and effectively communicate across those differences.
A personal commitment to justice, social change, and combating depression.	Knowledge about the ways that cultural differences affect verbal and nonverbal communication.	Capability to empathize and genuinely connect with individuals who are culturally different from themselves.
A belief in the value and significance of their own cultural heritage and world view as a starting place for understanding others who are culturally different from them.	Knowledge about how gender, class, race and ethnicity, language, nationality, sexual orientation, age, religion or spirituality, disability, and ability affect individuals and their experiences.	Ability to incorporate new learning and prior learning in new situations.
A willingness to self-examine, and when necessary, challenge and change, their own values, world view, assumptions, and biases.	Information about culturally appropriate resources and how to make referrals.	Ability to gain the trust and respect of individuals who are culturally different from themselves.
An openness to change and belief that change is necessary and positive.	Information about the nature of institutional oppression and power.	Capability to accurately assess their own multicultural skills, comfort level, growth, and development.
An acceptance of other world views and perspectives and a willingness to acknowledge that they, as individuals, do not have all the answers.	Knowledge about identity development models and the acculturation process for members of oppressed groups and its impact on individuals, groups, intergroup relations, and society.	Ability to differentiate between individual differences, cultural differences, and universal similarities.
A belief that cultural differences do not have to interfere with effective communication or meaningful relationships.	Knowledge about within-group differences and understanding of multiple identities and multiple oppressions.	Ability to challenge and support individuals and systems around oppression issues in a manner that optimizes multicultural interventions.
Awareness of their own cultural heritage and how it affects their world view, values, and assumptions.	Information and understanding of internalized oppression and its impact on identity and self-esteem.	Ability to make individual, group, and institutional multicultural interventions.
Awareness of their own behavior and its impact on others.	Knowledge about institutional barriers which limit access to and success in higher education for members of oppressed groups.	Ability to use cultural knowledge and sensitivity to make more culturally sensitive and appropriate interventions.
Awareness of the interpersonal process which occurs within a multicultural dyad.	Knowledge about systems theories and how systems change.	

APPENDIX C

Competency Model of Campinha-Bacote (1994)

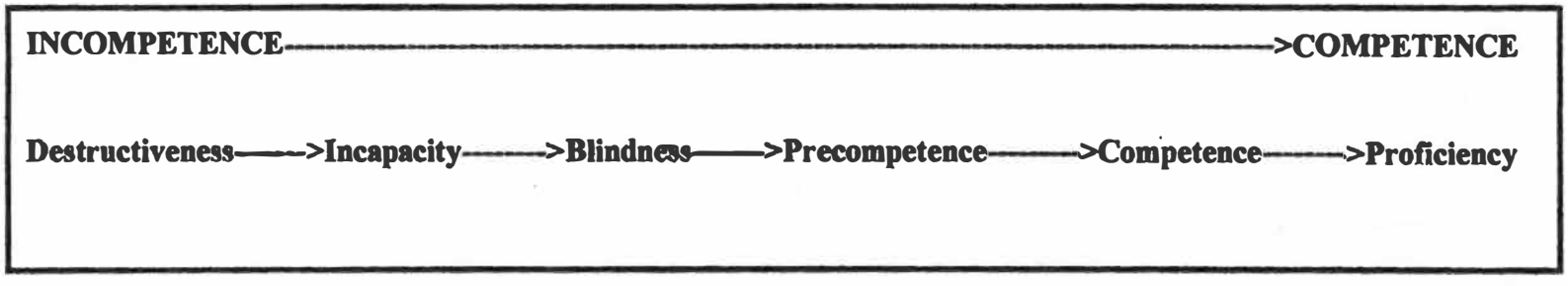
Culturally Competent Model of Care



APPENDIX D

Competency Model of Rorie et al. (1996)

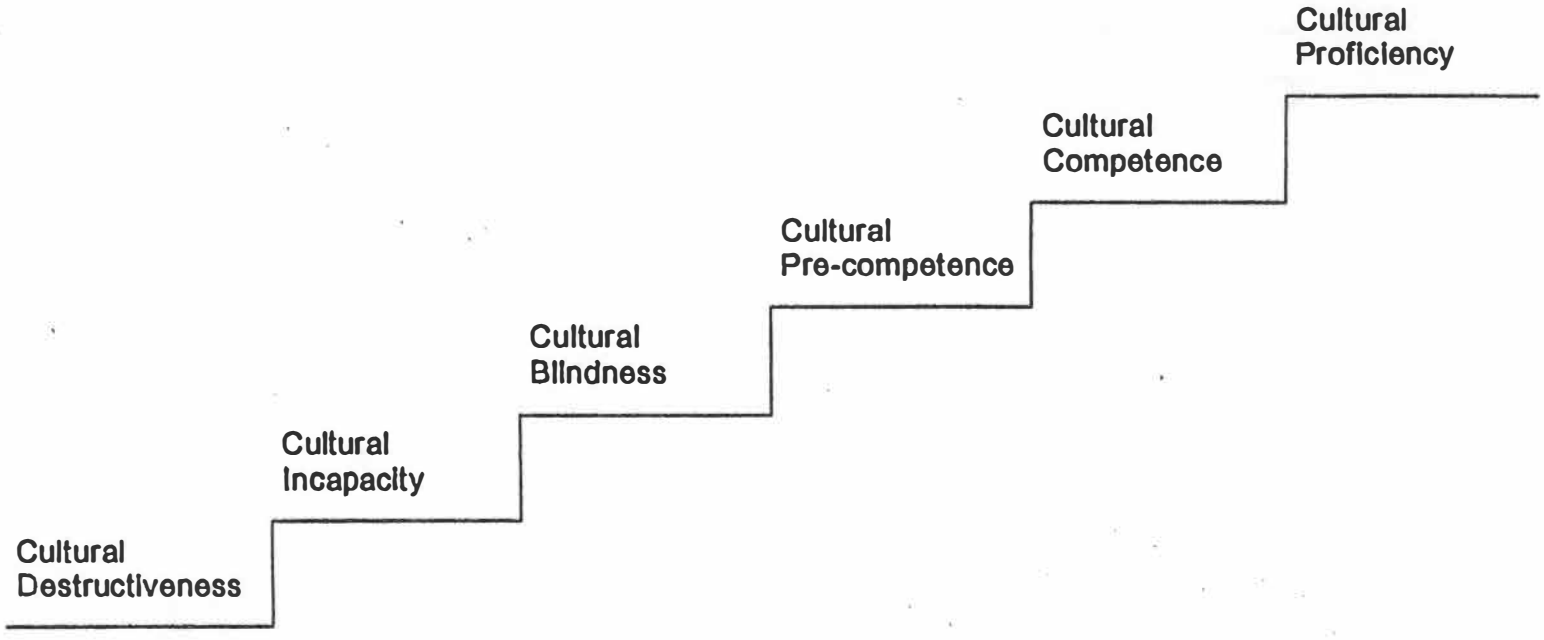
Cultural Competence Continuum



APPENDIX E

Competency Model of Randall-David (1994)

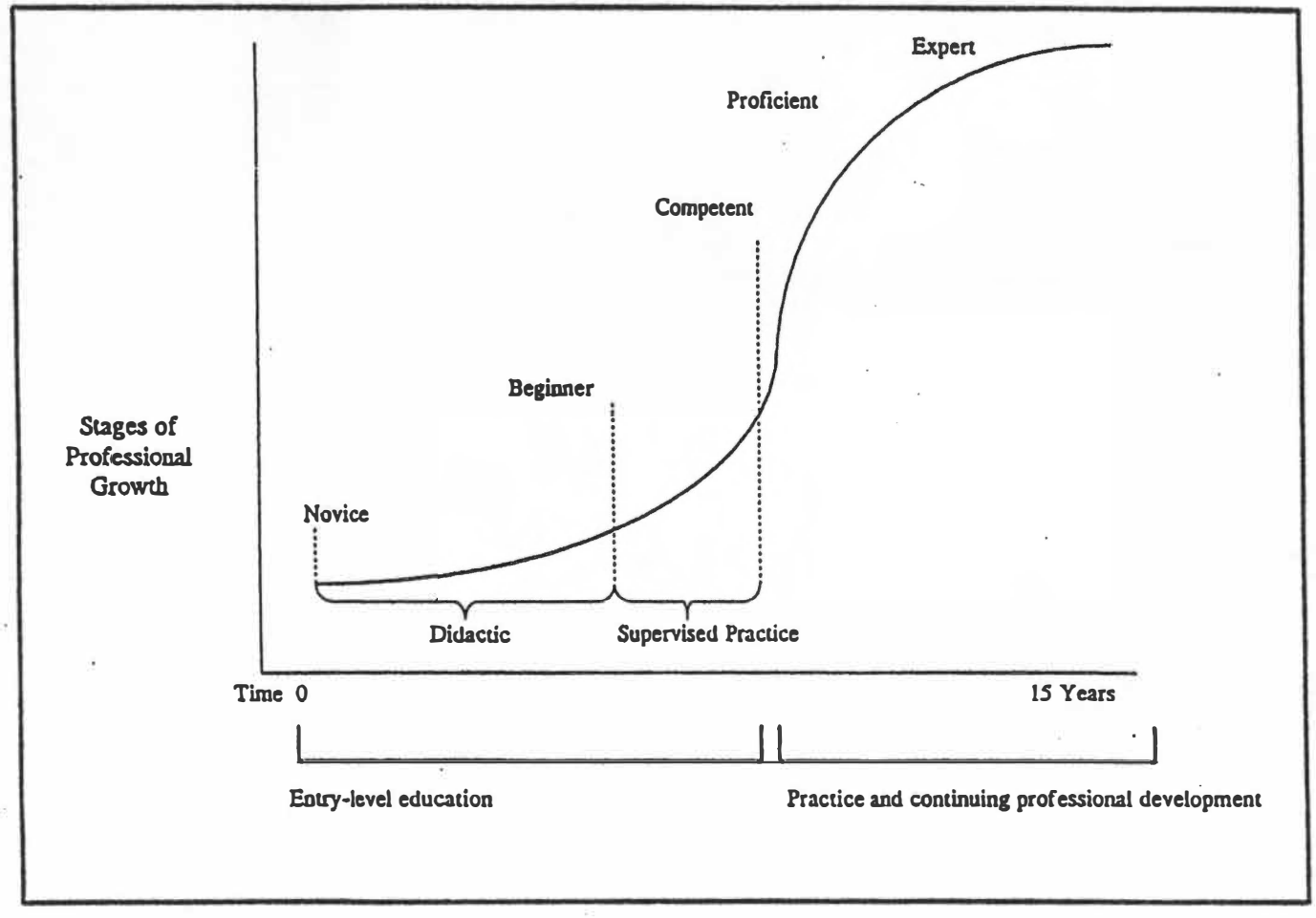
Cultural Competence Continuum



APPENDIX F

Model for Lifelong Learning (1997)

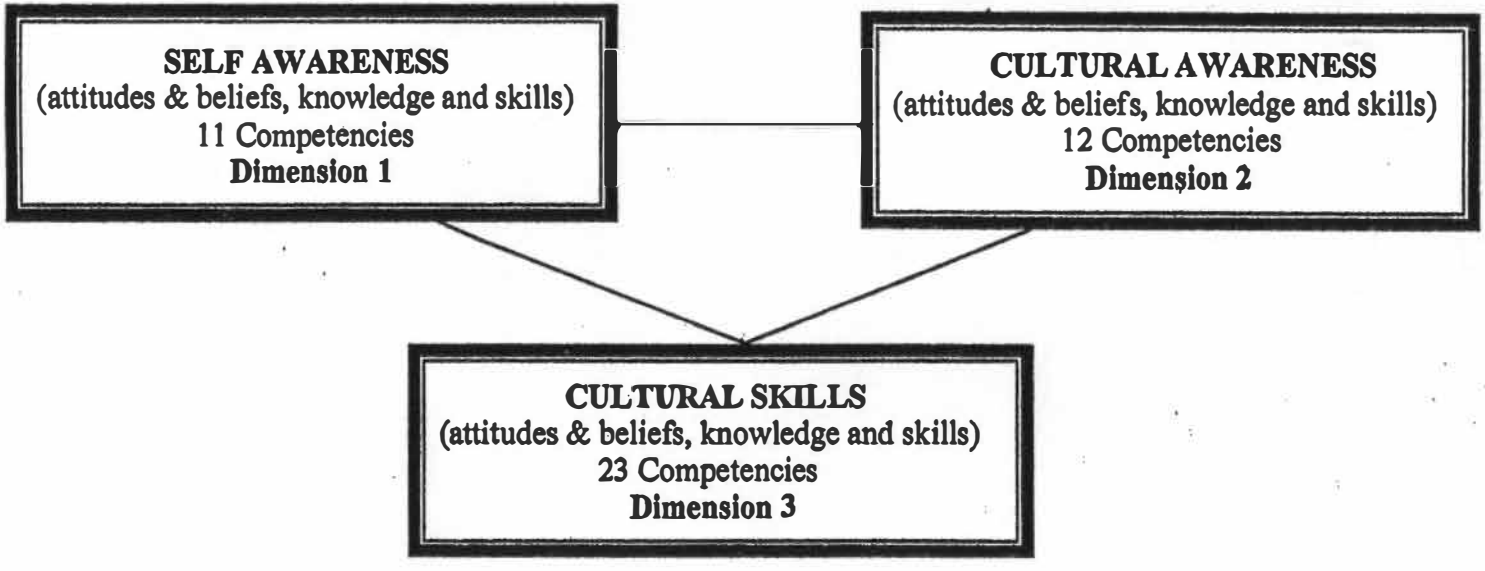
Model for Lifelong Learning



APPENDIX G

Proposed Multicultural Nutrition Counseling Competency Model (1998)

Proposed Multicultural Nutrition Counseling Competency Model
For
Registered Dietitians



Multicultural Counseling Competency Model for Registered Dietitians

The following model includes the proposed multicultural nutrition counseling competencies and leading researchers and experts in the field of multicultural counseling and nutrition. The proposed competencies consist of a 3 X 3 matrix of nine areas with a total of 46 competencies. The three main parts of this model are Counselor's Awareness of Own Cultural Values and Biases, Counselor's Awareness of Client's Worldview, and Cultural Intervention Strategies. Within these three parts, three areas are covered: beliefs and attitudes, knowledge, and skills. This model is based primarily on the work of Sue et al. (1992) with support from the work of Sodowsky (1994) and Pope and Reynolds (1997). Research from other professionals was used and compared to the established counseling competencies developed by Sue et al. (1992).

Multicultural Nutrition Counseling Competencies	*Sue et al., 1992*	*Pope and Reynolds, 1997*	*Other Researchers*
I. Counselor's Awareness of Own Cultural Values and Biases			
A. Attitudes and Beliefs			
1. Have moved from being culturally unaware to being aware and sensitive to their own cultural heritage and to valuing and respecting differences	*X*	*X*	*Espin, 1987; Sue et al., 1982; Sweeney, 1979*
2. Be aware of how their own cultural backgrounds and experiences, and attitudes, values, and biases influence nutrition counseling	*X*	*X*	*Wilson, 1982; Sue et al., 1982; Ibrahim, 1985; Katz, 1985; Neimeyer & Fukuyama, 1984; Schilling & Brannon, 1986*
3. Be able to recognize the limits of their cultural competencies and abilities	*X*	*X*	
4. Be comfortable with differences that exist between themselves and clients in terms of race, ethnicity, culture, beliefs, and food practices	*X*	*X*	*Evans, 1997; Cross et al., 1989*
5. Be willing to take risks and see these risk as necessary and important for personal and professional growth		*X*	*Cross et al., 1989*

6. Believe in the value and significance of their own cultural heritage and worldview as a starting point for understanding others who are culturally different from them		*X*	
7. Believe that cultural differences do not have to negatively impact communication or counseling relationships		*X*	
B. Knowledge			
1. Have specific knowledge about their own racial and cultural heritage and how it personally and professionally affects their definition of normal and abnormal food practices and the nutrition counseling process	*X*	*X*	
2. Possess knowledge and understanding about how societal conditions, such as oppression and stereotyping, affects them personally and in her nutrition work	*X*	*X*	*Cross, 1978; Helms, 1990*
3. Be knowledgeable about communication style differences, how their style may clash or foster the counseling process with culturally different clients, and how to anticipate the impact it may have on others	*X*	*X*	*Vontress, 1971; Wilson, 1982*
C. Skills			
1. Be constantly seeking to understand themselves as a racial and culturally being and actively seeking a nonracist identity	*X*	*X*	

Multicultural Nutrition Counseling Competencies	*Sue et al, 1992*	*Pope and Reynolds, 1997*	*Other Researchers*
II. Counselor Awareness of Client's Worldview			
A. Attitudes and Beliefs			
1. Be willing to contrast their own beliefs and attitudes with those of their culturally different clients in a nonjudgmental fashion	*X*	*X*	*Kittler & Sucher, 1995*
2. Be aware of stereotypes and preconceived notions that they may hold toward other culturally different groups	*X*	*X*	
3. Recognize that minority populations have to be at least bicultural and this status creates unique influences on food practices			*Cross et al., 1989*
4. Be open-minded and willing to be a learner instead of the expert when it comes to the client's life experiences and how they views the world			*Kittler & Sucher, 1995; Magnus, 1996*
B. Knowledge			
1. Possess specific knowledge of cultural values, health beliefs and nutrition practices for particular groups served, including culturally different clients	*X*	*X*	*Pedersen, 1987; Sue et al., 1982; Schilling & Brannon, 1986; Kittler & Sucher, 1995; Eliades & Suitor, 1994; Wilson, 1982*
2. Have knowledge about within-group differences and understanding of variations in food practices		*X*	*Sodowsky & Plake, 1992; Sue et al., 1987*
3. Apply the helping principle of "starting where the client is" by considering changes in eating patterns, such as addition of American foods or substitution of foods			*Cross et al., 1989; Eliades & Suitor, 1994; Kittler & Sucher, 1995*
4. Have knowledge of cultural eating patterns and family traditions such as core foods, traditional celebrations and fasting			*Eliades & Suitor, 1994; Kittler & Sucher, 1995; Wilson, 1982*

5. Understand food selection, preparation and storage within a cultural context			*Eliades & Suitor, 1994; Kittler & Sucher, 1995*
C. Skills			
1. Familiarize themselves with relevant research and the latest findings regarding food practices and nutrition-related health problems of various ethnic and racial groups.	*X*	*X*	*Atkinson, 1981; Cross et al., 1989; Kittler & Sucher, 1995; Wilson, 1982; Evans, 1997*
2. Demonstrate a willingness to work with clients of different cultural groups			*Wilson, 1982*
3. Be able to evaluate new techniques, research, and knowledge as to its validity and applicability in working with culturally different population.			*Wilson, 1982*

Multicultural Nutrition Counseling Competencies	*Sue et al., 1992*	*Pope and Reynolds, 1997*	*Other Researchers*
III. Culturally Appropriate Intervention Strategies			
A. Attitudes and Beliefs			
1. Respect client's religious and/or spiritual beliefs and values, because they affect worldview, food and health practices	*X*	*X*	*Schilling & Brannon, 1986; Kittler & Sucher, 1995*
2. Respect native or indigenous helping practices and community's help-giving network	*X*	*X*	
3. Value bilingualism and do not view another language as a barrier to counseling	*X*	*X*	
B. Knowledge			
1. Have a clear and explicit knowledge and understanding of the generic characteristics of counseling and how they may clash with the cultural values of various minority groups	*X*	*X*	*Kittler & Sucher, 1995; Sue et al., 1982*
2. Be aware if institutional or agency barriers that prevent some cultural groups from using nutrition and health services	*X*	*X*	*Wilson, 1982, Sue et al., 1982*
3. Have knowledge of cultural groups, their family and communities, values and beliefs, characteristics and resources	*X*	*X*	*Cayleff, 1986; Pearson, 1987; Eliades & Suitor, 1994; Anderson & Fenichel, 1989*
4. Understand how such things as race, culture, and economics may affect not only food practices, but also nutrition-related health problems, and the appropriateness of counseling approaches	*X*	*X*	*Cross et al., 1989; Wilson, 1982; Eliades & Suitor, 1994; Pelto, 1981; Kittler & Sucher, 1995*

Skills			
1. Be able to send and receive verbal and nonverbal messages and to alter them as necessary in recognition that helping styles and approaches may be culture bound	*X*	*X*	*Sodowsky & Taffe, 1991; Triandis, 1987; Wilson, 1982; Kittler & Sucher, 1995; Cross et al., 1989; Sue et al., 1982; Magnus, 1996*
2. Not be averse to seeking consultation with traditional healers and religious and spiritual leaders and practitioners in the treatment of culturally different clients when appropriate	*X*		*Hull, 1987; Pearson, 1987; Wilson, 1982; Cross, 1989; Eliades & Suitor, 1994; Schilling & Brannon, 1994; Evans, 1997; Kittler & Sucher, 1995*
3. Take responsibility for interacting in the language requested by the client directly or through an interpreter and if not feasible, make appropriate referral	*X*	*X*	*Wilson, 1982; Eliades & Suitor, 1994; Schilling & Brannon, 1994*
4. Have training and abilities in use of traditional assessment instrument which includes quantitative and qualitative measures of diets within a cultural context to determine food experiences, usage, behaviors, and habits	*X*	*X*	*Ibrahim & Arredondo, 1986; Eliades & Suitor, 1994; Kittler & Sucher, 1995; Cassidy, 1994*
5. Be able to assess, plan, implement and evaluate nutrition intervention tailored to the client's cultural perspective	*X*	*X*	*Ridley, 1985; Sue et al., 1982, Hull, 1987 Eliades & Suitor, 1994; Evans, 1997*
6. Have the ability to gain the trust and respect of individuals who are culturally different from themselves		*X*	*Atikson et al., 1978; Atikson et al., 1984; Gim et al., 1991; LaFromboise & Dixon, 1981; Ponce & Atkinson, 1989; Sodowsky & Taffe, 1991; Eliades & Suitor, 1994*
7. Take responsibility in educating their clients to the nutrition counseling process, such as goals, expectations, and the counselor's orientation which includes the client's values and life style		*X*	*Sue et al., 1987; Kittler & Sucher, 1995; Randall-David, 1989*

8. Have the ability to differentiate between individual differences, cultural differences, and universal similarities		*X*	
9. Have the ability to use cultural knowledge and sensitivity for appropriate nutrition interventions and materials		*X*	*Eliades & Suitor, 1994*
10. Be experienced in the application of medical nutrition therapy and nutrition related health promotion/disease prevention strategies that are culturally appropriate			*Sodowsky & Taffe, 1991; Sue & Zane, 1987; Eliades & Suitor, 1994; Schilling & Brannon, 1994; Kittler & Sucher, 1995; Magnus, 1996*
11. Using flexibility as a key to operate within ethical guidelines			*Cayleff, 1986; Wrenn, 1987; Pedersen, 1988; Eliades & Suitor, 1994; Wilson, 1982*
12. Be acquiring or have acquired skills in a language other than their own			*Arredondo, 1987; Pedersen, 1988*
13. Takes responsibility of collectively working with community leaders or members about unique knowledge or abilities for the benefit of the culturally different client			*Wilson, 1982; Evans, 1997; Sue et al., 1982*
14. Identify additional resources (agencies, persons, informal helping network, ethnic food stores, etc.) which may be utilized by their client			*Wilson, 1982; Evans, 1997; Sueet al., 1987; Kittler & Sucher, 1995; Eliades & Suitor, 1994*
15. Creating a comfortable environment setting for effective nutrition counseling by expressing an interest and asking appropriate questions			*Eliades & Suitor, 1994*
16. Actively seeking out educational, consultative, research, and training experiences to improve her understanding and effectiveness in working with culturally different populations			*Atkinson, 1981; Cross et al., 1989; Kittler & Sucher, 1995; Wilson, 1982*

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APPENDIX H

Multicultural Nutrition Counseling Competency Survey

Multicultural Nutrition Counseling Competency Survey, 1998

Department of Nutrition
College of Human Ecology
University of Tennessee-Knoxville
Knoxville, TN 37996-1900

I. Personal Inventory

The following questions refer to your work position, educational background, and other relevant information. Please read each question carefully and blacken the appropriate circle.

1) Which of the following describe(s) you? (Blacken all appropriate circles)

- ○ 1 Member of the Public Health Nutrition Practice Group
- ○ 2 Director of a Dietetic Internship
- ○ 3 Director of a Didactic Program in Dietetics

2) Which of the following applies to you? (Blacken all appropriate circles)

- ○ 1 Registered Dietitian
- ○ 2 Dietetic Registration-eligible
- ○ 3 Dietitian Technician Registered
- ○ 4 Other (specify) _____

3) How many years have you worked in nutrition, dietetics or food service? (Include current year)

____ year(s)

4) What is your race?

- ○ 1 Caucasian
- ○ 2 African American
- ○ 3 Hispanic American
- ○ 4 Pacific Islander/Asian American
- ○ 5 Alaskan/Native American
- ○ 6 Other (please specify)_____

5) What is (are) your primary and secondary language(s)?

Primary	Secondary		
○	○	1	English
○	○	2	Spanish
○	○	3	French (includes French Creole)
○	○	4	Filipino
○	○	5	Chinese
○	○	6	Japanese
○	○	7	Native American
○	○	8	Sign Language
○	○	9	Other (please specify)_____

6) *Please check (✓) ALL DEGREES you have earned AND blacken the circle for all corresponding major areas of study.*

__1 Associate Degree
- ○ 1 General dietetics
- ○ 2 Food system management
- ○ 3 Nutrition (clinical & community)
- ○ 4 Other (please specify) _____

__2 Bachelor's Degree
- ○ 1 General dietetics or Foods and nutrition
- ○ 2 Food system management emphasis
- ○ 3 Nutrition emphasis (clinical & community)
- ○ 4 Other (please specify) _____

__3 Master's Degree
- ○ 1 Nutrition
- ○ 2 Food system management
- ○ 3 Community or public health nutrition
- ○ 4 Other (please specify)_____

__4 Doctoral Degree
- ○ 1 Nutrition
- ○ 2 Food system management
- ○ 3 Community or public health nutrition
- ○ 4 Other (please specify)_____

__5 Post-Doctoral Degree
- ○ 1 Nutrition
- ○ 2 Food system management
- ○ 3 Community or public health nutrition
- ○ 4 Other (please specify)_____

7) *Which of the following best describes your primary work position? (Blacken the appropriate circle)*

- ○ 1 Administration/Food service operation
- ○ 2 Ambulatory/Outpatient clinic or office
- ○ 3 Clinical/Acute and/or Long-term care facility
- ○ 4 College/University
- ○ 5 Community/Public health facility or organization
- ○ 6 Private practice/Self-employed
- ○ 7 Retired or currently not employed
- ○ 8 Other (please specify) _____

8) *Which if any of the following best describes your secondary work position? (Blacken the appropriate circle)*

- ○ 1 Do not have a secondary work position
- ○ 2 Administration/Food service operation
- ○ 3 Ambulatory/Outpatient clinic or office
- ○ 4 Clinical/Acute and/or Long-term care facility
- ○ 5 College/University
- ○ 6 Community/Public health facility or organization
- ○ 7 Private practice/Self-employed
- ○ 8 Other (please specify) _____

9) *Do you provide nutrition counseling or education to culturally different clients?*

- ○ 1 No — Please go to Section II →
- ○ 2 Yes — Please go to the next question

Please complete each of the following:

10. *I provide nutrition counseling or education to culturally different clients:*
    - ○ 1 50% or more of the time
    - ○ 2 Less than 50% of the time

11. *On a weekly basis, I provide nutrition counseling or education to culturally different clients:*
    - ○ 1 0-5 hours
    - ○ 2 6-15 hours
    - ○ 3 Greater than 15 hours

12. *I have provided nutrition counseling or education to culturally different clients for the past _____ year(s) (Include current year)*

Please go to Section II →

PLEASE GO TO

SECTION II

II. Entry-Level Multicultural Nutrition Counseling Competencies

The following is a list of competencies related to attitudes and beliefs, knowledge and skills for entry-level dietitians.

Please blacken the appropriate circle to determine the essentiality of each competency for entry-level Registered Dietitians in the next 10 years. The rating scale is 1 = unessential to 7 = essential. Please be candid when responding to each competency. Also, please note that although we recognize males and females are Registered Dietitians, we have used feminine pronouns to simplify the statements.

Thank you for your time!

In the next ten years, how essential will it be for the entry-level Registered Dietitian to:	*Unessential* ... *Essential*
1. Have moved from being culturally unaware to being aware and sensitive to her own cultural heritage and to valuing and respecting differences	① ② ③ ④ ⑤ ⑥ ⑦
2. Be aware of how her own cultural backgrounds and experiences, and attitudes, values, and biases influence nutrition counseling	① ② ③ ④ ⑤ ⑥ ⑦
3. Be able to recognize the limits of her cultural competencies and abilities	① ② ③ ④ ⑤ ⑥ ⑦
4. Be comfortable with differences that exist between herself and clients in terms of race, ethnicity, culture, beliefs, and food practices	① ② ③ ④ ⑤ ⑥ ⑦
5. Be willing to take risks and see these risks as necessary and important for personal and professional growth	① ② ③ ④ ⑤ ⑥ ⑦
6. Believe in the value and significance of her own cultural heritage and worldview as a starting point for understanding others who are culturally different from her	① ② ③ ④ ⑤ ⑥ ⑦
7. Believe that cultural differences do not have to negatively impact communication or counseling relationships	① ② ③ ④ ⑤ ⑥ ⑦

In the next ten years, how essential will it be for the entry-level Registered Dietitian to:	Unessential ... Essential
8. Have specific knowledge about her own racial and cultural heritage and how it personally and professionally affects her definition of normal and abnormal food practices and the nutrition counseling process	① ② ③ ④ ⑤ ⑥ ⑦
9. Possess knowledge and understanding about how societal conditions, such as oppression and stereotyping, affects her personally and in her nutrition work.	① ② ③ ④ ⑤ ⑥ ⑦
10. Be knowledgeable about communication style differences, how her style may clash or foster the counseling process with culturally different clients, and how to anticipate the impact it may have on others	① ② ③ ④ ⑤ ⑥ ⑦
11. Be constantly seeking to understand herself as a racial and cultural being and actively seeking a nonracist identity.	① ② ③ ④ ⑤ ⑥ ⑦
12. Be willing to contrast her own beliefs and attitudes with those of her culturally different clients in a nonjudgmental fashion	① ② ③ ④ ⑤ ⑥ ⑦
13. Be aware of stereotypes and preconceived notions that she may hold toward other culturally different groups	① ② ③ ④ ⑤ ⑥ ⑦
14. Recognize that minority populations have to be at least bicultural and this status creates unique influences on food practices	① ② ③ ④ ⑤ ⑥ ⑦
15. Be open-minded and willing to be a learner instead of the expert when it comes to the client's life experiences and how she views the world	① ② ③ ④ ⑤ ⑥ ⑦
16. Possess specific knowledge of cultural values, health beliefs and nutrition practices for particular groups served, including culturally different clients	① ② ③ ④ ⑤ ⑥ ⑦
17. Have knowledge about within-group differences and understanding of variations in food practices	① ② ③ ④ ⑤ ⑥ ⑦

In the next ten years, how essential will it be for the entry-level Registered Dietitian to:	Unessential ... Essential
18. Apply the helping principle of "starting where the client is" by considering changes in eating patterns, such as addition of American foods or substitution of foods	① ② ③ ④ ⑤ ⑥ ⑦
19. Have knowledge of cultural eating patterns and family traditions such as core foods, traditional celebrations and fasting	① ② ③ ④ ⑤ ⑥ ⑦
20. Understand food selection, preparation and storage within a cultural context	① ② ③ ④ ⑤ ⑥ ⑦
21. Familiarize herself with relevant research and the latest findings regarding food practices and nutrition-related health problems of various ethnic and racial groups.	① ② ③ ④ ⑤ ⑥ ⑦
22. Demonstrate a willingness to work with clients of different cultural groups	① ② ③ ④ ⑤ ⑥ ⑦
23. Be able to evaluate new techniques, research, and knowledge as to its validity and applicability in working with culturally different population.	① ② ③ ④ ⑤ ⑥ ⑦
24. Respect her client's religious and/or spiritual beliefs and values, because they affect worldview, food and health practices	① ② ③ ④ ⑤ ⑥ ⑦
25. Respect native or indigenous helping practices and community's help-giving network	① ② ③ ④ ⑤ ⑥ ⑦
26. Value bilingualism and do not view another language as a barrier to counseling	① ② ③ ④ ⑤ ⑥ ⑦
27. Have a clear and explicit knowledge and understanding of the generic characteristics of counseling and how they may clash with the cultural values of various minority groups	① ② ③ ④ ⑤ ⑥ ⑦
28. Be aware of institutional or agency barriers that prevent some cultural groups from using nutrition and health services	① ② ③ ④ ⑤ ⑥ ⑦

In the next ten years, how essential will it be for the entry-level Registered Dietitian to:	Unessential ... Essential
29. Have knowledge of cultural groups, their family and communities, values and beliefs, characteristics and resources.	① ② ③ ④ ⑤ ⑥ ⑦
30. Understand how such things as race, culture, and economics may affect not only food practices, but also nutrition-related health problems, and the appropriateness of counseling approaches	① ② ③ ④ ⑤ ⑥ ⑦
31. Be able to send and receive verbal and nonverbal messages and to alter them as necessary in recognition that helping styles and approaches may be culture bound	① ② ③ ④ ⑤ ⑥ ⑦
32. Not be averse to seeking consultation with traditional healers and religious and spiritual leaders and practitioners in the treatment of culturally different clients when appropriate	① ② ③ ④ ⑤ ⑥ ⑦
33. Take responsibility for interacting in the language requested by the client directly or through an interpreter and if not feasible, make appropriate referral	① ② ③ ④ ⑤ ⑥ ⑦
34. Have training and abilities in use of traditional assessment instrument which includes quantitative and qualitative measures of diets within a cultural context to determine food experiences, usage, behaviors, and habits.	① ② ③ ④ ⑤ ⑥ ⑦
35. Be able to assess, plan, implement and evaluate nutrition intervention tailored to the client's cultural perspective	① ② ③ ④ ⑤ ⑥ ⑦
36. Have the ability to gain the trust and respect of individuals who are culturally different from herself	① ② ③ ④ ⑤ ⑥ ⑦
37. Take responsibility in educating her clients to the nutrition counseling process, such as goals, expectations, and the counselor's orientation, which includes the client's values and life style	① ② ③ ④ ⑤ ⑥ ⑦

In the next ten years, how essential will it be for the entry-level Registered Dietitian to:	*Unessential* ... *Essential*
38. Have the ability to differentiate between individual differences, cultural differences, and universal similarities	① ② ③ ④ ⑤ ⑥ ⑦
39. Have the ability to use cultural knowledge and sensitivity for appropriate nutrition interventions and materials.	① ② ③ ④ ⑤ ⑥ ⑦
40. Be experienced in the application of medical nutrition therapy and nutrition related health promotion/disease prevention strategies that are culturally appropriate.	① ② ③ ④ ⑤ ⑥ ⑦
41. Using flexibility as a key to operate within ethical guidelines	① ② ③ ④ ⑤ ⑥ ⑦
42. Be acquiring or have acquired skills in a language other than her own	① ② ③ ④ ⑤ ⑥ ⑦
43. Take responsibility of collectively working with community leaders or members about unique knowledge or abilities for the benefit of the culturally different client	① ② ③ ④ ⑤ ⑥ ⑦
44. Identify additional resources (agencies, persons, informal helping networks, ethnic food stores, etc.) which may be utilized by her client.	① ② ③ ④ ⑤ ⑥ ⑦
45. Create a comfortable environment setting for effective nutrition counseling by expressing an interest and asking appropriate questions	① ② ③ ④ ⑤ ⑥ ⑦
46. Actively seek out educational, consultative, research, and training experiences to improve her understanding and effectiveness in working with culturally different populations	① ② ③ ④ ⑤ ⑥ ⑦

THANK YOU VERY MUCH FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE.

PLEASE RETURN THIS QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE TO:

DEPARTMENT OF NUTRITION
1215 CUMBERLAND AVE
UNIVERSITY OF TENNESSEE
KNOXVILLE, TN 37996-1900

APPENDIX I

Cover Letters and Postcard

THE UNIVERSITY OF TENNESSEE
KNOXVILLE

Department of Nutrition
1215 West Cumberland Avenue, Room 229
Knoxville, TN 37996-1900
(423) 974-5445
FAX # (423) 974-3491
URL:http://nutrition.he.utk.edu/

May 6, 1998

Dear Nutrition Colleague:

The University of Tennessee's Public Health Nutrition Program is conducting a research study to determine what multicultural nutrition counseling competencies are essential for Registered Dietitians in the next ten years. Multicultural competence is important given the increasing cultural diversity of our communities. Results from this study will provide a foundation for understanding how we should practice and promote multicultural continuing education and professional development opportunities.

You have been selected randomly from lists of members of the Public Health Nutrition Practice Group of the American Dietetic Association or the directors of Dietetic Internships and Didactic Programs in Dietetics. Your responses are important and we would appreciate your voluntary participation. Of course, there are no penalties to you or your agency/institution, if you are unable to participate.

You will find enclosed the survey instrument and self-addressed, stamped envelope. We ask that you follow the instructions carefully and please be candid when responding to questions. Your responses will be kept confidential and we will report group results. There are no foreseeable risks in completing the questionnaire. Neither individuals nor agencies will be identified. Only the researchers will have access to a code that matches names of participants with numbers on the returned envelopes. Returned questionnaires will not be matched to the codes or names of participants. This will help us maintain confidentiality, yet permit follow-up of unanswered questionnaires. The personal inventory questions are used for analytic purposes only.

It is estimated that it will take you approximately 20-30 minutes to complete the questionnaire. After completing it, please return it in the enclosed self addressed, stamped envelope.

We look forward to receiving your completed questionnaire, which indicates your consent to participate. We would appreciate receiving your completed questionnaire by May 18, 1998. If you have any questions, you can contact us by phone or email.

Sincerely,

Betsy Haughton, EdD, RD, LDN
Associate Professor
Director, Public Health Nutrition
423/974-6267
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Edna Harris-Davis, RD
Public Health Nutrition
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THE UNIVERSITY OF TENNESSEE
KNOXVILLE

Department of Nutrition
1215 West Cumberland Avenue, Room 229
Knoxville, TN 37996-1900
(423) 974-5445
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URL:http://nutrition.he.utk.edu/

May 28, 1998

Dear Nutrition Colleague:

A questionnaire about multicultural nutrition counseling competence was mailed to you from the University of Tennessee's Public Health Nutrition Program a few weeks ago. An analysis of returned questionnaires will determine what multicultural nutrition counseling competencies are essential for Registered Dietitians in the next ten years. Your completed questionnaire has not been received as of May 22, 1998 and your input is very important.

You were randomly selected from lists of members of the Public Health Nutrition Practice Group of the American Dietetic Association or the directors of Dietetic Internships and Didactic Programs in Dietetics. To accurately represent these groups, your response is valuable in helping us understand competencies relevant to dietitians in the next ten years. While your response is important and strictly voluntary, there are no penalties to you or your agency/institution, if you are unable to participate.

In case your questionnaire has been misplaced, we have enclosed another questionnaire and self-addressed, stamped envelope. We ask that you follow the instructions carefully and please be candid when responding to questions. Your responses will be kept confidential and we will report group results. There are no foreseeable risks in completing the questionnaire. Neither individuals nor agencies will be identified. Only the researchers will have access to a code that matches names of participants with numbers on the returned envelopes. Returned questionnaires will not be matched to the codes or names of participants. This will help us maintain confidentiality, yet permit follow-up of unanswered questionnaires. The personal inventory questions are used for analytic purposes only.

It is estimated that it will take you approximately 20-30 minutes to complete the questionnaire. After completing it, please return it in the enclosed self addressed, stamped envelope.

We look forward to receiving your completed questionnaire, which indicates your consent to participate. If you have any questions, you can contact us by phone or email.

Sincerely,

Betsy Haughton, EdD, RD, LDN
Associate Professor
Director, Public Health Nutrition
423/974-6267
HAUGHTON@UTK.EDU

Edna Harris-Davis, RD
Public Health Nutrition
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423/974-6265
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Department of Nutrition
College of Human Ecology
The University of Tennessee
Knoxville, Tennessee 37996-1900

Dear Nutrition Colleague:

A questionnaire about multicultural nutrition counseling competencies was mailed to you last week. We are interested in your participation because your input will help us understand competencies relevant to dietitians in the next ten years.

If you have already completed and returned the questionnaire, please accept our sincere thanks. If not, please do so today. It is important that your input be included in this study so that the results will accurately represent dietetic professionals of various backgrounds and experiences.

If by chance you did not receive the questionnaire or it is misplaced, please call or e-mail me (Edna : 423-974-6265 or edharris@utkux.utcc.utk.edu) and I will send you another one immediately.

Sincerely,

Edna Harris-Davis, RD
Graduate Nutrition Student

Betsy Haughton, EdD, RD, LDN
Associate Professor

APPENDIX J

Definition of Terms

Several terms are utilized throughout this research study and are defined as follows:

1) **Competence** is having a broadly defined skill or ability; having the ability or capacity to function or develop an expected behavior effectively.

2) **Culture** is an integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions of racial ethnic, religious, or social groups.

3) **Cultural Awareness** is the act of becoming or being sensitive and/or conscious of diverse cultures and differences within cultures.

4) **Cultural Knowledge** consists of information individuals have about various cultures.

5) **Cultural Skills** are practices that utilize cultural awareness and knowledge to assist a client with different values, beliefs, and practices, thus providing the culturally appropriate intervention(s).

6) **Indigenous paraprofessionals** are low income and underrepresented groups that are trained to provide some direct services, assist in implementing services, and influence the existing system toward prevention and community-based intervention.

7) **Multicultural Counseling Competence** is a unique combination of multicultural awareness, knowledge, and skills that enable a person to provide professional advice or recommendations and work effectively in an interactive process involving cross-cultural situations.

8) **Multicultural Competence** is a unique category of awareness, knowledge and skill that enables a system, agency or professional to work effectively in cross-cultural situations.

9) **Nutrition Education** is a process of providing nutritional information to individuals or groups.

10) **Nutrition Counseling** is an interactive process of exchanging information to provide professional advice or recommendations to a client and/or caregiver by developing a mutually acceptable nutrition care plan.

11) **Public Health Nutritionist** is a nutrition professional with academic preparation in public health who is employed in a local public health agency to assess community nutrition needs and plan, direct, and evaluate population-based nutrition programs to meet those needs.

12) **Public Health Nutrition Practice Group** is a group of American Dietetic Association's members who have an interest in public health nutrition issues. Members may or may not be Registered Dietitians.

13) **Registered Dietitian** is a nutrition health care provider who meets the education, supervised experience, testing, and continuing education requirements for dietetic registration with the Commission on Dietetic Registration.

VITA

Edna Ellen Elizabeth Harris-Davis was born in Chicago, Illinois, on June 26, 1971. She attended Dunne Elementary and graduated from Chicago Vocational High School in 1989. She received a Bachelor of Science in Dietetics from the University of Illinois at Urbana-Champaign in May 1993. In December of 1998 she received a Master of Science in Public Health Nutrition and a Master of Public Health in Community Health Education from the University of Tennessee at Knoxville.