

## Providing culturally responsive dietetic services: A self assessment tool for clinicians

### Background

Dietitians experience unique challenges in providing dietetic services to clients from culturally and linguistically diverse backgrounds. Over one fifth (20.5%) of Queensland's total resident population were born overseas, so demonstrating culturally responsive practice is not a choice but a necessity for all dietitians. The *Queensland Cultural Diversity Policy* (2013) states that; "*the Queensland Government is committed to delivering frontline services that are the best culturally responsive services in Australia*".

Not only do dietitians require skills in communicating complex messages, often through the use of an interpreter, they need knowledge of the food of other countries and the cultural and religious practices around its intake. To do be culturally intelligent, dietitians also need an understanding of their own culture and its practices around food.

As well as providing dietary advice, dietitians are well placed to address the misconceptions many migrants have around the 'typical' Australian diet, to assist clients to access their traditional foods, and to increase people's understanding of how to choose and prepare unfamiliar foods, especially fruit and vegetables.

You can include a learning goal on improving your cultural intelligence when planning your continuing Professional Developing for the APD credential. The time spent completing this self assessment would then be eligible for inclusion in your CPD log as a professional education activity.

Improving knowledge, skills or performance in this area may also be incorporated into the annual performance appraisal and development process that your organisation uses. Leading quality improvement activities relating to improving your service's cultural responsiveness could also be included in these professional development and performance documents e.g. reviewing and improving interpreter access.

As a manager, you could encourage your team members to include improving cultural intelligence into both the APD credentialing and the performance appraisal and development processes.

### How this tool can help

The purpose of this self assessment tool is to encourage greater awareness of effective ways to provide culturally responsive services to clients from a range of cultural backgrounds. It provides practical examples of the attitudes, values and practices required for safe, culturally appropriate and effective dietetic services. It can also help identify areas that may require self reflection or training.

### How to use this tool

Please read each statement, and circle **Yes**, **No**, or **Unsure** in the box, to indicate which most closely reflects your practice.

## Section 1 – Values, attitudes and awareness

Answer (please circle)	Key indicator
Yes/No/Unsure	I take an active interest in the food practices of other cultures.
Yes/No/Unsure	I create opportunities to try the traditional foods of other cultures.
Yes/No/Unsure	I believe it is important that all my clients receive culturally appropriate dietary advice.
Yes/No/Unsure	I am accepting of the foods and food practices of other cultures e.g. traditional food taboos, fasting, celebrations.
Yes/No/Unsure	I explore my own values, beliefs, assumptions and attitudes about cultural diversity and how this may impact my work practices.
Yes/No/Unsure	I explore the cultural and social significance of my own food intake, food practices and attitudes to health and diet.
Yes/No/Unsure	I understand that clients from culturally and linguistically diverse backgrounds may require longer appointments and greater preparation time to provide the services needed to produce equitable health outcomes.
Yes/No/Unsure	I understand that factors such as gender, class and age have different significance in different cultures and these may affect dietary preferences and behaviours.
Yes/No/Unsure	I am aware of the influence that religion can play in determining dietary intake and that individuals may observe different religious practices even within the same community.
Yes/No/Unsure	I understand that different cultures may have different understandings of what constitutes a healthy body weight, across the lifecycle.
Yes/No/Unsure	I understand that people are not defined by their culture and that the differences between individuals within a culture can be significant.
Yes/No/Unsure	I understand the effects of migration on meal patterns and that these effects vary across generations e.g. children may be highly motivated to adopt an 'Australian' diet.
Yes/No/Unsure	I take appropriate action when the behaviour of other staff or service users is cultural insensitive.
Yes/No/Unsure	I feel responsible for ensuring that my service's policies and procedures consider the needs of different cultural groups (e.g. intake practices and any food provided to clients).

### Tally

Yes

→ **Majority of indicators answered Yes = You're on the right track!**

Other

→ **Majority of indicators answered No or Unsure = Where to from here?**

- Reflect on your own experiences, beliefs and values and identify areas of your practice that may be affected by these.
- For general information on cultural competence go to the Queensland Health Website at [http://www.health.qld.gov.au/multicultural/health\\_workers/train-evaluate.asp](http://www.health.qld.gov.au/multicultural/health_workers/train-evaluate.asp).
- Complete general cultural competence training and engage in professional development opportunities that provide specific training for dietitians and nutritionists e.g. sessions in DAA and other nutrition conferences, training activities organised by DAA's Culturally and Linguistically Diverse Nutrition Discussion Group.
- Attend local food festivals and sample foods from other cultures. Ask the vendors about ingredients and food preparation.

## Section 2 – Work practices

Answer (please circle)	Key indicator
Yes/No/Unsure	I am aware of the main cultural groups within my area from reviewing current demographic data.
Yes/No/Unsure	I am aware of the nutrition-related disease risk profiles of the main cultural groups residing in my service's catchment area.
Yes/No/Unsure	I have a sound knowledge of the food and food practices of the main cultural groups in my area.
Yes/No/Unsure	Before a dietetic or community consultation with people from different cultural background, I investigate their traditional foods and food practices.
Yes/No/Unsure	I ask open questions when taking a diet history and do not assume Western meal patterns or descriptions of meals are relevant.
Yes/No/Unsure	I am careful to identify infant feeding practices, knowing that these may be very different from those of my own cultural group.
Yes/No/Unsure	I ask about migration history when determining the cultural influences on the diet of individual clients, knowing that many migrants have resided in a number of other countries before settling in Australia.
Yes/No/Unsure	I ask about the influence of religion on a client's food choices and practices, including fasting and celebrations, knowing that food practices vary between individuals.
Yes/No/Unsure	I check gender roles around food acquisition and preparation.
Yes/No/Unsure	I actively explore the motivating factors for behaviour change of clients from different cultural backgrounds, understanding that these may be different from those generally accepted within my own culture.
Yes/No/Unsure	I use a strengths-based approach when providing dietary advice knowing that many traditional diets and meal patterns are more nutritious than the food adopted in Australia ('Healthy migrant effect').
Yes/No/Unsure	I provide dietary advice that takes into account the traditional food preferences of the client.
Yes/No/Unsure	I use appropriate resources (e.g. pictures of traditional foods, culturally appropriate healthy weight charts) in the assessment phase of dietetic consultations and for education sessions.
Yes/No/Unsure	I have a good knowledge of where to access the traditional foods of the main cultural groups who live locally.
Yes/No/Unsure	I provide food safety advice to members of migrant communities who have little experience of new technology e.g. the use of refrigerators, safe thawing techniques.
Yes/No/Unsure	I advocate for my workplace to display materials (eg. posters, pictures, reading materials) that reflect the cultural diversity of the local community.
Yes/No/Unsure	Before visiting a client at their home, I am aware of relevant cultural protocols (e.g. taking off shoes, eating food and beverages offered).

### Tally

Yes

→ **Majority of indicators answered Yes = You're on the right track!**

Other

→ **Majority of indicators answered No or Unsure = Where to from here?**

- Take steps to establish a partnership with individuals/ organisations who are experienced in working with culturally diverse populations and compile a list of contacts. These contacts could include community health workers, nutrition and dietetic professionals and staff of Primary Health Networks who specialise in this area. Community organisations working with different cultural groups may also provide support.
- Set aside time each year to research new cultural populations settling in your local area. You can access this information on various government websites including the Australian Bureau of Statistics and the Australian Government census data.

- Ensure your workplace is welcoming to those from a culturally and linguistically diverse background - source and display posters, pictures and other materials (eg. culturally appropriate waiting room music, art work and reading materials) that reflect local cultural groups.
- Compile a collection of multicultural resources that are appropriate and relevant to your service.
- Join the DAA's CALD discussion group (if applicable).

### Section 3 – Communication

Answer (please circle)	Key indicator
Yes/No/Unsure	I understand that clients may wish to include family or community members at their appointments and it may be appropriate for them to be part of the decision making process.
Yes/No/Unsure	When appropriate, I use basic greetings in languages other than English.
Yes/No/Unsure	I ensure that before a consultation, I am aware of the client's preferred language.
Yes/No/Unsure	I ensure that before a consultation, an accredited interpreter is booked for clients requiring interpreter services.
Yes/No/Unsure	I use a telephone interpreter service, when a face-to-face service is unavailable.
Yes/No/Unsure	I ensure that gender, ethnicity and religion of the client are considered before booking an accredited interpreter (e.g. it may be inappropriate to provide a male interpreter for a female client and vice versa).
Yes/No/Unsure	I am aware that using family members or non accredited interpreters can negatively impact on communication with individuals and affect family dynamics.
Yes/No/Unsure	I understand that learning to be proficient in a new language is difficult, especially for adults, regardless of their education level.
Yes/No/Unsure	I understand that people may not be literate in their preferred spoken language.
Yes/No/Unsure	I provide culturally relevant nutrition resources in languages other than English to my clients from different cultural backgrounds.
Yes/No/Unsure	I know where to locate resources customised for various cultural groups relating to nutrition and dietetics.
Yes/No/Unsure	I include community members in the development and piloting of culturally and linguistically appropriate education materials and in developing culturally safe and accessible dietetic services.

#### Tally

Yes

→ Majority of indicators answered Yes = You're on the right track!

Other

→ Majority of indicators answered No or Unsure = Where to from here?

- Before seeing a client from a different linguistic background, ask the interpreter about the most culturally appropriate way to welcome them. If it includes greeting someone in their own language, check your pronunciation before you see the client. You could add this to a list of cultural protocols and greetings in languages common to your client group.
- Consider whether the process for booking outpatients provides the information you need to provide culturally responsive services (e.g. Are interpreters booked based on clients' language preferences? Are clients' religion and ethnicity recorded?). If not, develop strategies to remedy this problem.
- Complete training that involves acquiring/ using an interpreter. Also access the Queensland Health document; [Working with Interpreters: Guidelines](#).
- Complete professional development/ cultural competence training to enhance communication skills with individuals who have low literacy levels.
- Compile a collection of multicultural resources that are appropriate and relevant to your service. The resource, *How to choose culturally appropriate education resources: a guide for dietitians and nutritionists* has been developed to assist.
- Read the *Food and cultural profiles* of different cultural groups that have been created specifically for dietitians and those for nutritionists working directly with local communities.

## Section 4 – Training

Answer (please circle)	Key indicator
Yes/No/Unsure	I have completed training/ professional development activities to build skills in working effectively with individuals from culturally and linguistically diverse backgrounds in the past two years.
Yes/No/Unsure	I have completed training in accessing and using accredited interpreters.
Yes/No/Unsure	I have attended professional development sessions, specifically on food and culture, and understand how this can be applied to nutrition and dietetic practice.

### Tally

Yes

→ Majority of indicators answered Yes = You're on the right track!

Other

→ Majority of indicators answered No or Unsure = Where to from here?

- Complete training that involves booking an interpreter and best practice in working with one.
- Complete general cultural competence training and engage in professional development opportunities that provide specific training for dietitians and nutritionists e.g. sessions in DAA and other nutrition conferences, training activities organised by DAA's Culturally and Linguistically Diverse Nutrition Discussion Group.

## Section 5 – Quality improvement and research

Answer (please circle)	Key indicator
Yes/No/Unsure	I am involved in activities to gather and analyse demographic data to determine which cultural groups are accessing my service and the reasons for this.
Yes/No/Unsure	I participate in developing and implementing strategies to minimise barriers to accessing services for clients of different cultural backgrounds.
Yes/No/Unsure	I participate in implementing client satisfaction surveys that actively include clients from a range of cultural backgrounds.
Yes/No/Unsure	I participate in developing and implementing strategies to increase client satisfaction of dietetic services to clients of different cultural backgrounds.
Yes/No/Unsure	I understand the need for clients of different cultural backgrounds to be represented in research, especially where the prevalence of nutrition-related disease is higher when compared to other groups within Australia.

### Tally

Yes

→ Majority of indicators answered Yes = You're on the right track!

Other

→ Majority of indicators answered No or Unsure = Where to from here?

- Advocate for your team/unit to explore its cultural
- Consider asking your team to review whether your dietetic service is accessible based on demographic and attendance data.
- Consider advocating for strategies to ensure that client satisfaction surveys are completed by clients from all cultural backgrounds.
- Consider advocating for quality improvement or research activities to improve services to clients from different cultural backgrounds e.g. on the use of interpreters.

Developed by the Access and Capacity-building Team of the Health Equity and Access Unit, Metro South Hospital & Health Service, Queensland Health, Australia.

This document was adapted in part from a number of government resources, and those developed by credible organisations who advocate Australia's multiculturalism.