

Tip Sheet: Taking Despair Out of Health Disparities in Public Health/Community Nutrition

July 2008

The problem and its significance to the dietetics practitioner:

“The nation’s health goals target the elimination of health disparities, yet a gap grows wider between racial and ethnic group’s access to health care, delivery of quality, competent health-care services and health outcomes.”

Core themes to be particularly concerned with are:

- Individuals with no insurance
- Individuals without a living wage
- Pregnant and lactating women, children, individuals with chronic diseases or other health vulnerabilities
- Senior citizens who have to choose between meals, housing and medication
- Families with limited access to healthy foods
- Level of health and nutrition literacy among nutrition and other health-care professionals.

Source: HOD Backgrounder: www.eatright.org/cps/rde/xchg/ada/hs.xsl/governance_12918_ENU_HTML.htm

How can the public health/community nutrition practitioner become more involved?

- Assess your level of cultural competence by completing the Cultural Competence Health Practitioner Assessment at www4.georgetown.edu/uis/keybridge/keyform/form.cfm?formID=277
- Determine the assets of the individual nutrition practitioners in order to utilize the appropriate skills for addressing the issue.
- Build upon the richness of native, indigenous and ethnic foodways to offer sustainable lifestyles recommendations.
- Identify peer leaders to serve as community nutrition advisors.
- Provide training and seek insights from community nutrition advisors on how to best craft messages to reach their community.
- Engage community nutrition advisors in the development of a nutrition program for local ethnic and cultural groups with the support of neighborhood grocery stores.
- Demonstrate healthy cooking tips with foods from diverse cultures.
- Use food as a demonstration tool to enhance language skills among senior citizens who speak English as a second language.
- Ask senior citizens to support a children’s nutrition program by cooking their favorite recipe for local children.
- Organize volunteers to grocery shop and cook for clients who cannot.
- Volunteer to transport clients to and from medical appointments.
- Have dietetic interns call homebound clients as a “phone friend” to check in on them on a regular basis.
- Offer extra bags of non-perishable groceries to the food-insecure clients on a monthly basis.
- Deliver frozen meals to needy clients in isolated areas on a weekly or regular basis.
- Assess the availability of low-literacy materials for the local community citizens on health and nutrition issues.
- Develop new educational materials as needed to reflect the appropriate literacy and cultural factors.
- Develop a program for children from food-insecure families with a local food purveyor to offer nutritious evening meals to the children.
- Engage children in growing, harvesting and cooking their own food.
- Incorporate elements of economic and environmental sustainability in all educational programs and materials.

Where should the public health/community nutrition practitioner go to find resources and support services?

Farmers
Food Pantries
Community or Local YMCAs and YWCAs
Health Education or Mental Health Centers
Women's Clubs
Booster Clubs
Kiwanis Clubs
Local Grocery Stores
Health Departments
Local Hospitals and Community Health Centers
Large Corporations
School Districts
Police Districts
Fire Departments
Local Churches

What are the opportunities for the public health/community nutrition practitioner?

- Federal, state and local grants
- Corporate donations
- Food pantry
- Food policy councils and other networks
- Collaborative foundation and federal grants
- Health department
- Hospital, health center, health and fitness program
- Public health including WIC
- Community, regional and national foundations
- Local cause-specific fundraising.

For more information, visit ADA's Health Disparities Web Page at www.eatright.org/HealthDisparities.