

Introduction

- Chronic diseases such as hypertension and diabetes are major health concerns among Asian immigrant communities in the United States, with 46% affected by hypertension and 9.1% by diabetes.^{1,2}
- Language barriers, lack of culturally tailored resources, and unfamiliarity with Western diets hinder effective disease management.³
- Oakland County has one of Michigan’s largest and most diverse Asian populations, with Asians making up 8.8% of residents—more than double the state average.⁴
- In recent years, many medical schools have introduced culinary medicine into their curricula. However, most curricula focus on Western diets, overlooking the unique nutritional needs and cooking practices of Asian communities.⁵
- Community-based nutrition education programs remain limited for Chinese immigrants.



Aims and Objectives

The purpose of this project was to empower Mandarin-speaking residents of Oakland County, MI to manage hypertension and diabetes through culturally tailored nutrition education, while also enhancing students’ skills in community engagement and cultural competency.

Approach/Process

Our education session was designed with attention to several culturally specific factors that have been identified in the literature as contributors to health disparities among Chinese immigrants.⁶

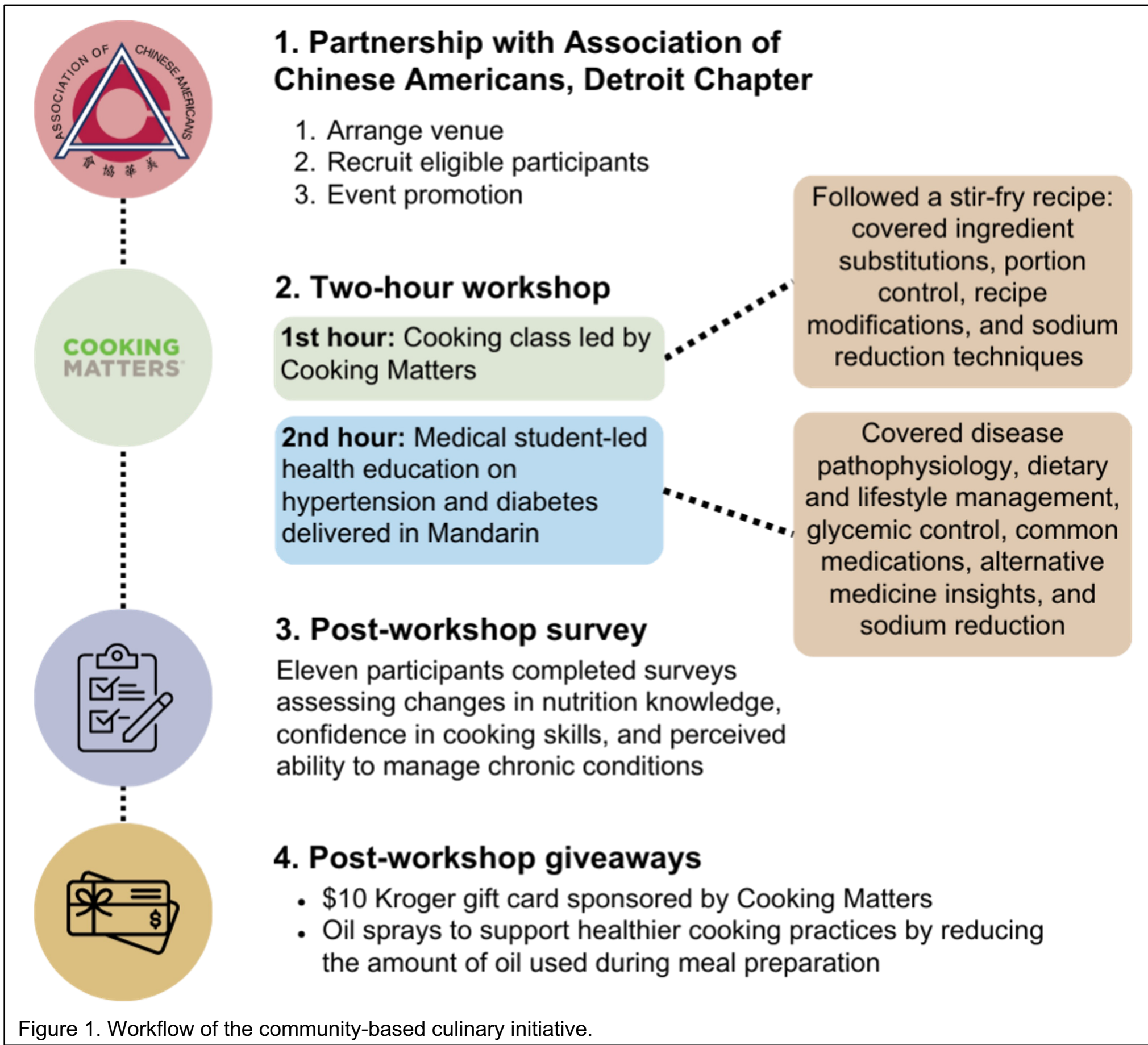


Figure 1. Workflow of the community-based culinary initiative.



Evaluation

A post-class survey was distributed. Topics included frequency of cooking, fruit and vegetable intake, processed food consumption, barriers to healthy eating, perceived affordability of nutritious foods, and awareness of diet’s role in health. The survey also evaluated satisfaction with the program, the usefulness of recipes and techniques provided, and participants’ confidence in managing their diet following the class.

Results

Table 1. Characteristics of Participants	
Characteristics	Number of Participants
Age	
55–64	3
65–69	4
70–79	2
80–89	1
90–99	1
Sex	
Male	1
Female	10
Income level	
< \$25,000	5
\$25,000–\$49,999	1
\$50,000–\$74,999	1
\$75,000–\$99,999	1
\$100,000–\$149,999	2
N/A	1
Education Level	
High School or Less	7
Some college/Associate degree	1
Bachelor's	3



Figure 2. Self-reported satisfaction with the Cooking Matters program.

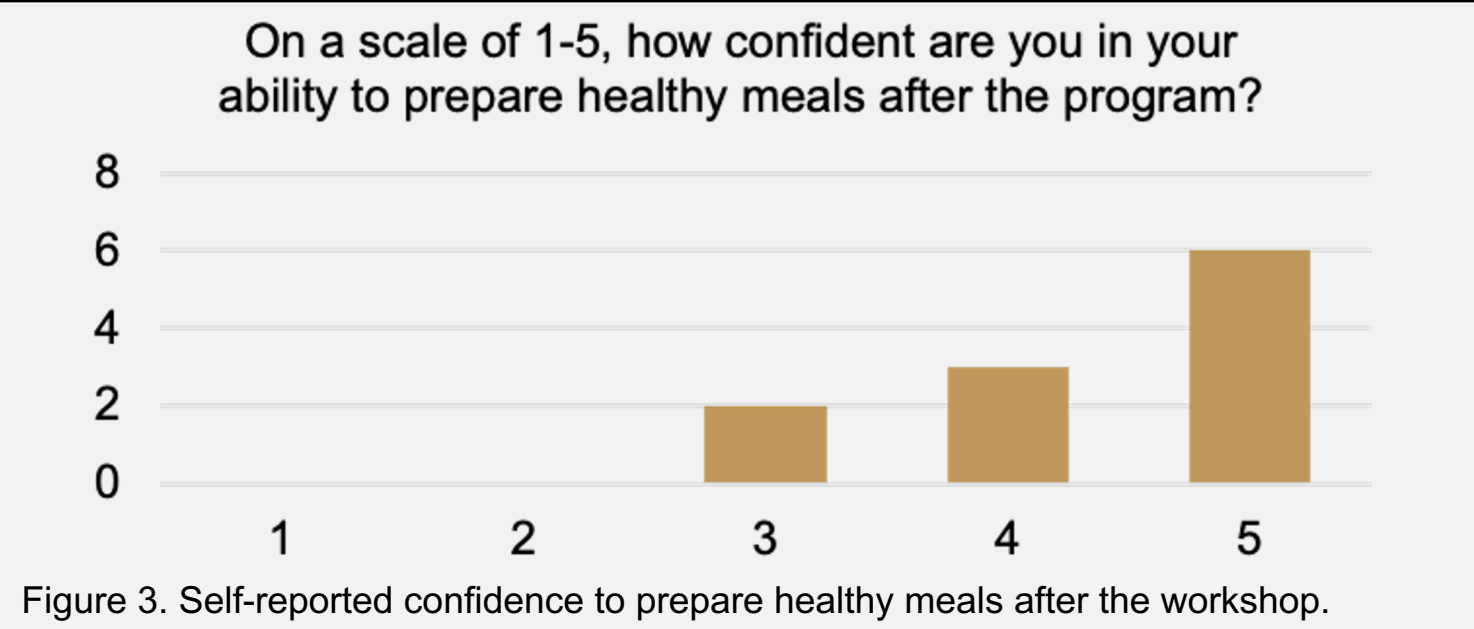


Figure 3. Self-reported confidence to prepare healthy meals after the workshop.

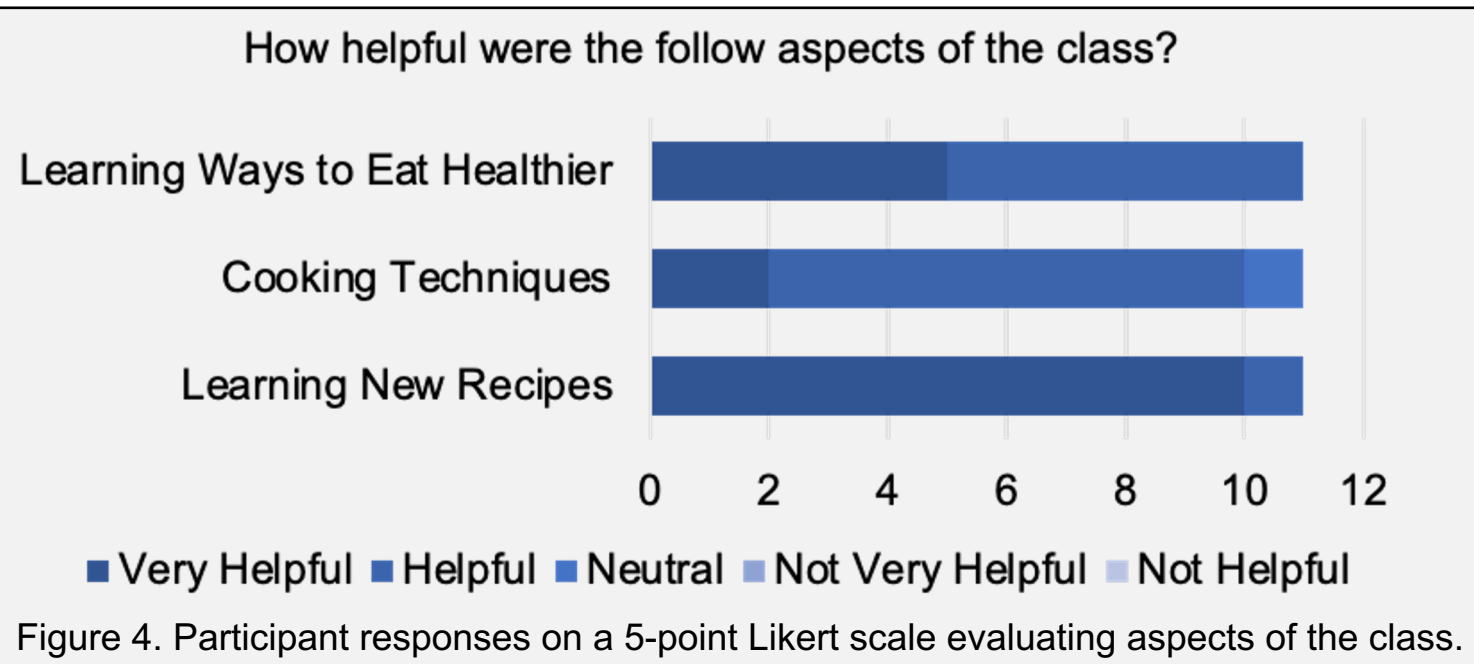


Figure 4. Participant responses on a 5-point Likert scale evaluating aspects of the class.

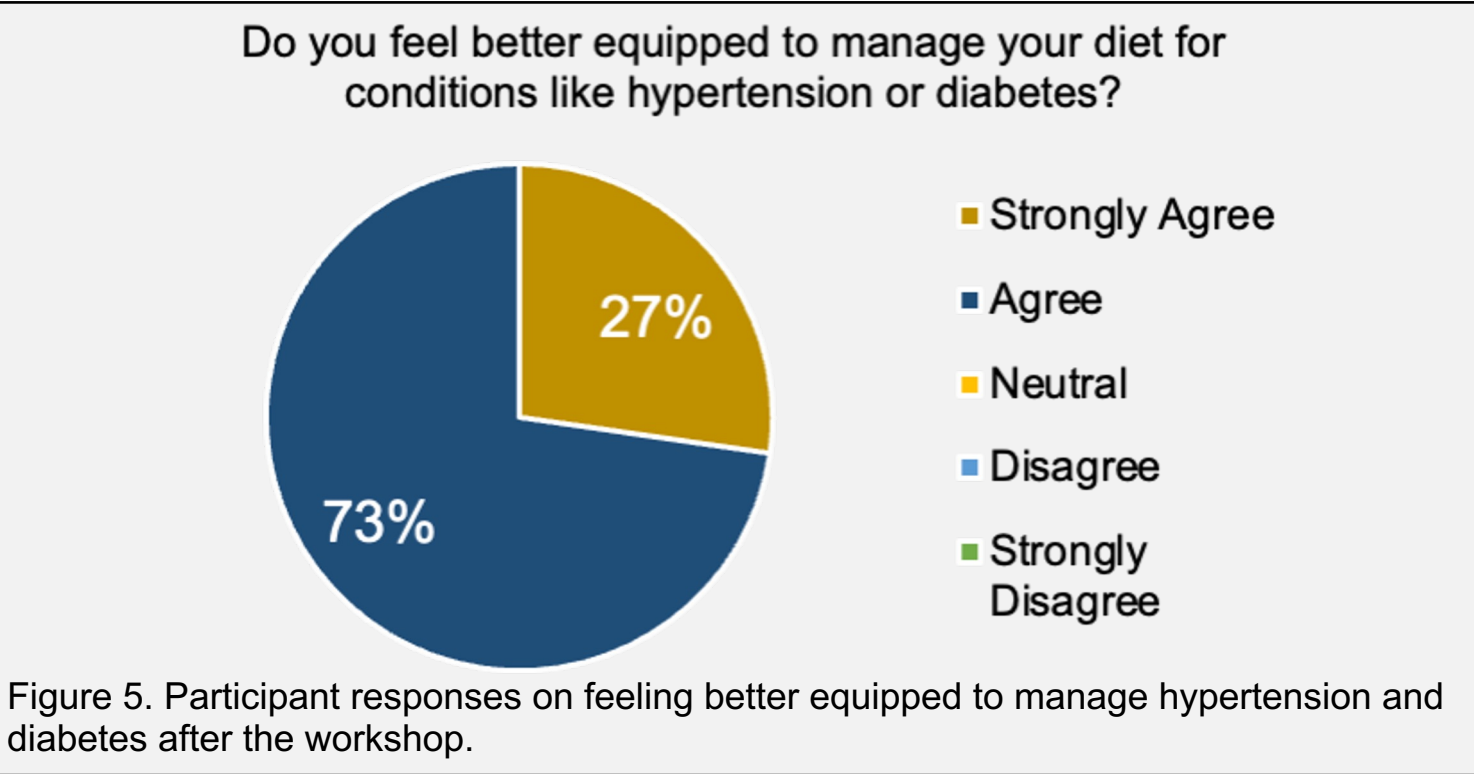


Figure 5. Participant responses on feeling better equipped to manage hypertension and diabetes after the workshop.

Discussion

- Participants expressed high satisfaction with the session and expressed strong interests in attending future learning sessions.
- Over half of participants reported greater confidence in preparing healthy meals post-session and felt better equipped to manage their dietary needs for chronic conditions like hypertension and diabetes.
- Expanding culinary medicine education to include culturally competent approaches is critical for addressing health disparities in diverse populations.
- Integrating culturally tailored health education into medical curricula will better prepare future physicians to meet the needs of diverse patient populations.

References

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