# An RD's Guide to Cultural Humility & Heritage Diets

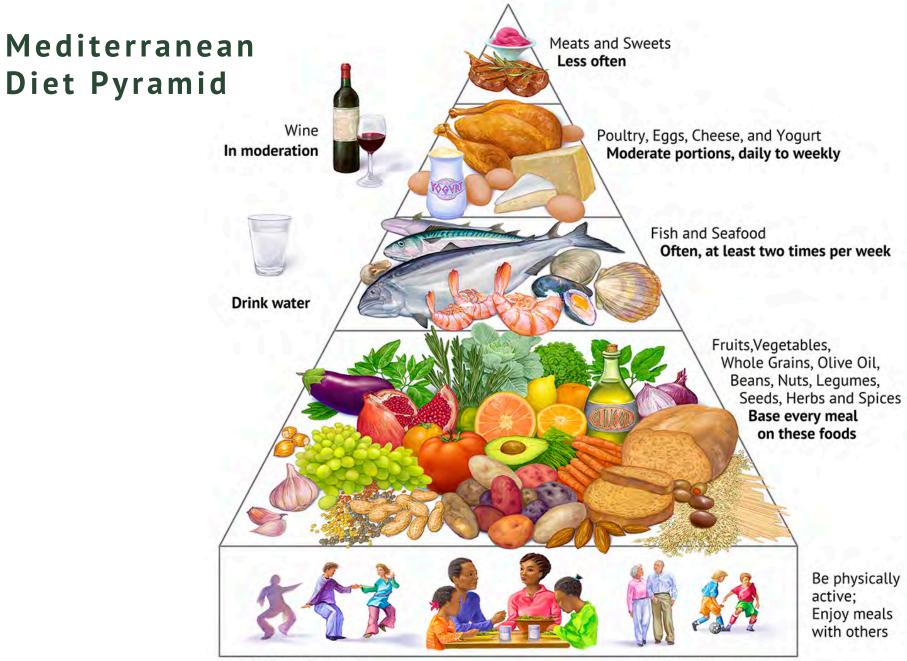
Sara Baer-Sinnott



#### **About Oldways**

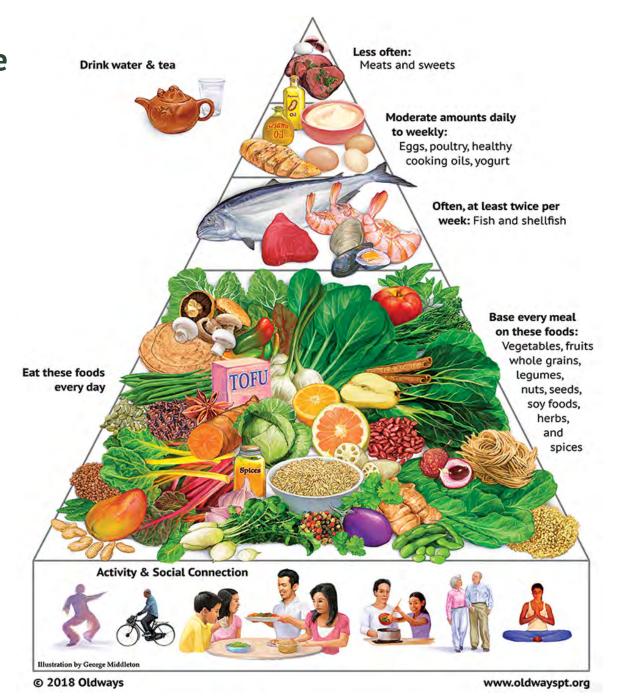
- A food and nutrition nonprofit
- Vision: A healthier, happier life through cultural food traditions.
- Mission: Inspire people to embrace the healthy and sustainable joys of the old ways of eating
- To fulfill our mission, we create and share healthy "how-to" resources & recipes and organize educational programs and events.
- We believe food is heritage's great gift







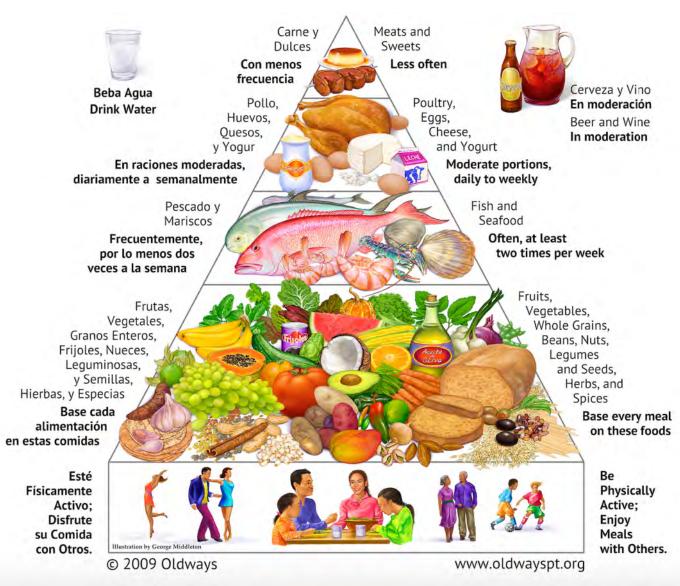
#### Asian Heritage Diet Pyramid





# X 30 3

#### Latin American Heritage Diet Pyramid





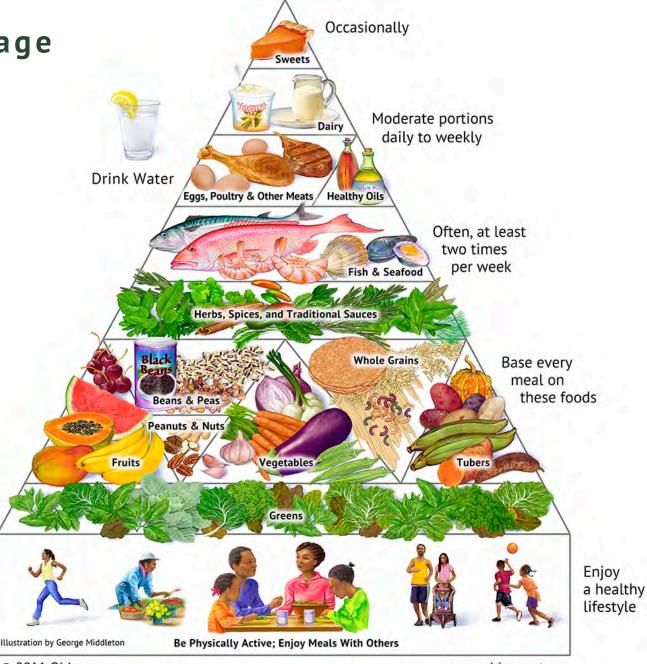
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## Vegetarian & Vegan Diet Pyramid

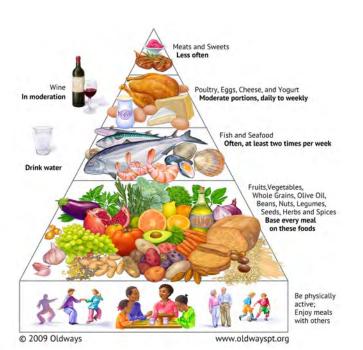




African Heritage Diet Pyramid

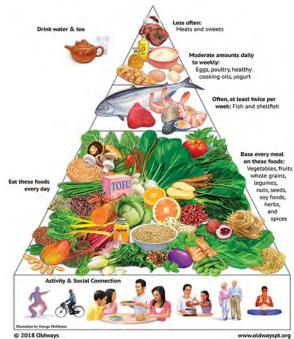


















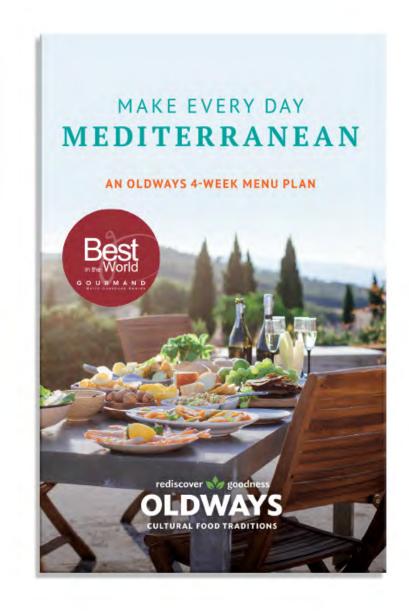


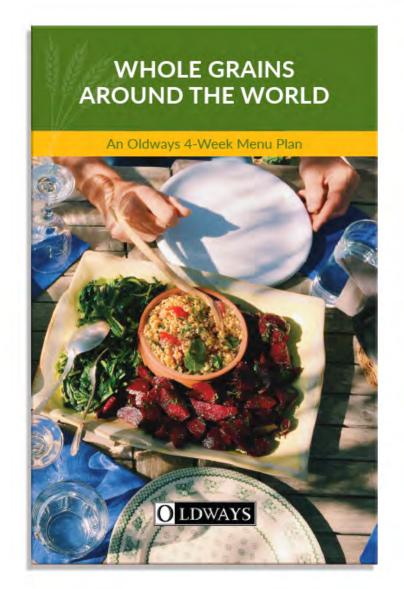




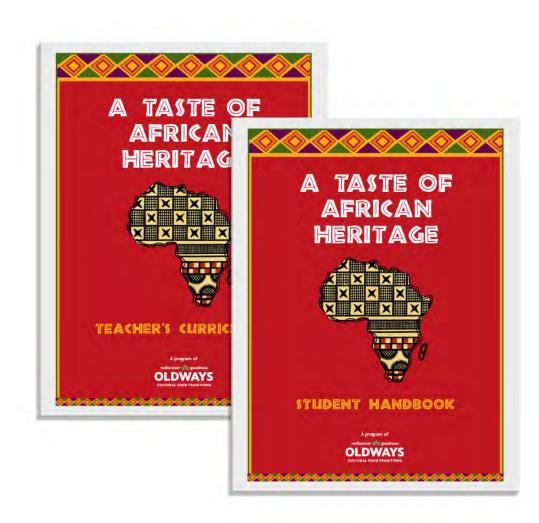








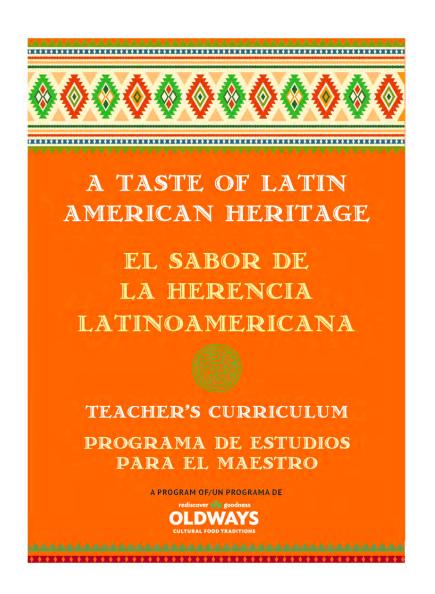








#### A Taste of Latin American Heritage Curriculum



- Lesson 1: Herbs & Spices
- Lesson 2: Tubers
- Lesson 3: Whole Grains
- Lesson 4: Fruits & Vegetables
- Lesson 5: Pulses
- Lesson 6: Nuts & Seeds



#### Honoring cultural differences

- At Oldways, the foundation of our work for the last 30 years can be summed up in the words of Michael Pollan,
- "The more we honor cultural differences in eating, the healthier we will be."





#### Honoring cultural differences

 We encourage you to join us in amplifying the culinary legacy and often-unsung cultural ownership of healthy eating for people of all cultures.

 We all still have a lot of work to do, but we know that the more we honor and respect the contributions of African Heritage, Asian Heritage, Latin American Heritage, among other cultures, the healthier, safer and happier our world will be.



#### **Cultural humility and clients**

 Those who practice cultural humility work to increase their self-awareness of their own biases and perceptions and engage in a life-long selfreflection process about how to put these aside and learn from clients





#### Cultural competence and clients

- Honor and recognize and understand history, cultures, languages and traditions.
- Value individual's different capacities and abilities.
- Respect differences in families' home lives.





## Constance Brown-Riggs, MSED, RD, CDE, CDN

- Identify the primary health disparities faced by Black people in the US and their causes
- Highlight some of the characteristic foods and food traditions from across the African diaspora
- Tips for RDs working to help reduce health inequities in Black patients using cultural humility and culturally relevant programming





#### Karen Lau, MS, RDN, LDN, CDE

- Identify the primary health disparities faced by Asian Americans and their causes.
- Describe the characteristic foods and food traditions that are common across Asia.
- Tips for RDs working with Asian American patient populations / how to integrate culturally relevant components into dietary interventions.





### Sylvia Meléndez Klinger, DBA, MS, RDN, LDN, CPT

- Identify the primary health disparities faced by the Latin American community and their causes.
- Describe the characteristic foods and food traditions that are common across Latin America.
- Tips for RDs working with the Latin American community / how to integrate culturally relevant components into dietary interventions & reduce health inequities.





# An RDs Guide to African Heritage

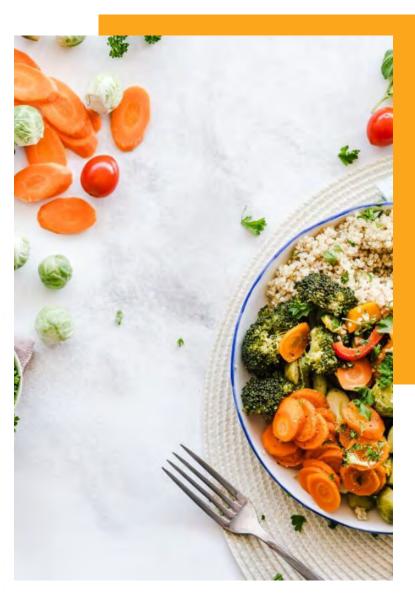


## Constance Brown-Riggs MSEd, RD, CDE, CDN

Award winning author of "The Diabetes Guide to Enjoying Foods of the World" and "The African American Guide to Living Well With Diabetes"

Past Chair, Diabetes Dietetic Practice Group, Academy of Nutrition and Dietetics





#### Disclosures

- Consultant to OldwaysPT
- Honoraria from OldwaysPT
- No conflict of interest exists for this program



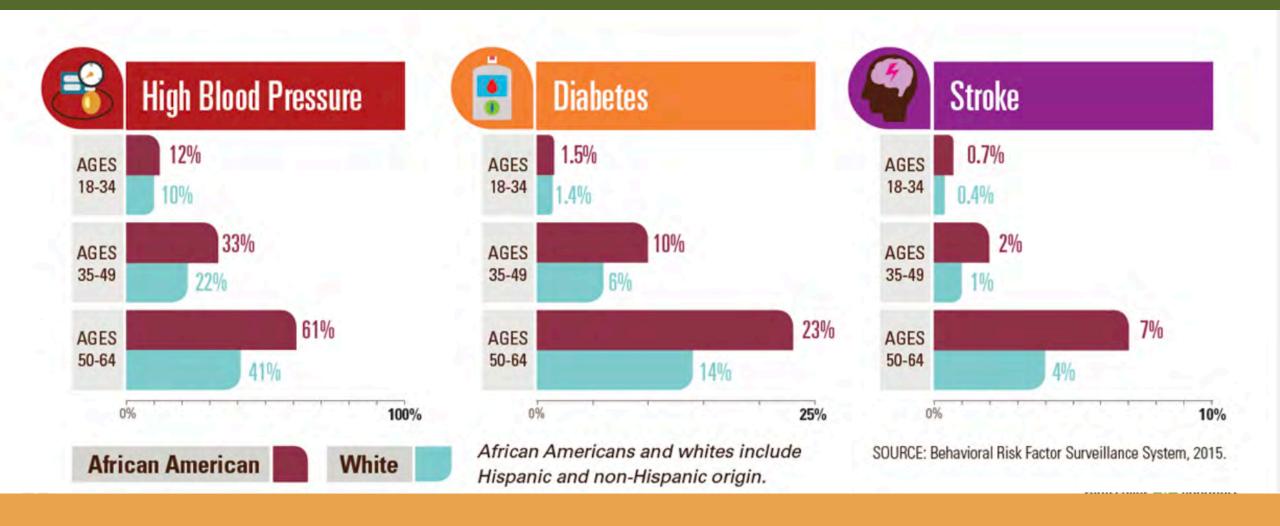
#### TODAY'S OBJECTIVES

- Discuss African American health disparities observed in the US.
- Highlight some of the characteristic foods and food traditions from across the African diaspora.
- Provide tips for RDs to reframe nutrition education using cultural humility and culturally relevant programming.

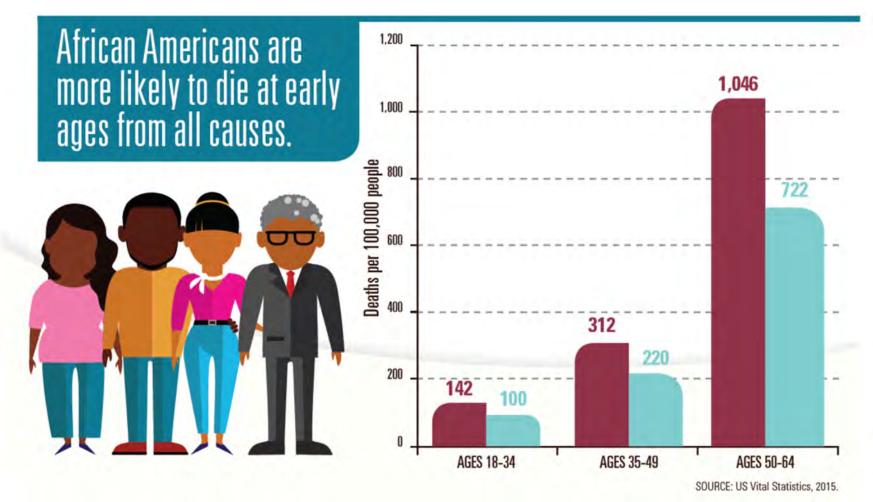




# Young African Americans Are Living with Diseases More Common at Older Ages

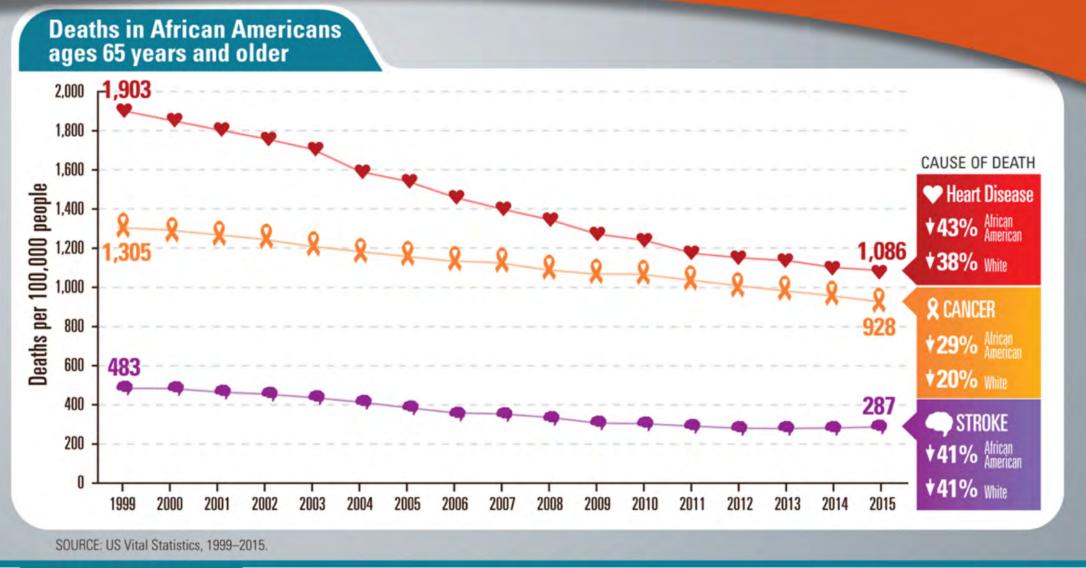


#### Diseases Starting Early Lead to Earlier Death





#### The leading causes of death for African Americans have decreased from 1999–2015.



#### Comorbidities and COVID-19

	Death Rate
Cardiovascular Disease	10.5%
Diabetes	7.3%
Respiratory Disease	6.3%
High Blood Pressure	6.0%
Cancer	5.6





rediscover goodness

OLDWAYS

#### Who are African Americans?



- Black racial groups of Africa
- In US for generations
- Recent immigrants
  - Africa, Caribbean, West
     Indies
- Southeast and mid-Atlantic
  - Louisiana, Mississippi,
     Alabama, Georgia, South
     Carolina and Maryland

#### Health Beliefs

- Mistrust
  - Tuskegee
  - 1997 eight survivors
- Low priority
  - AIDS, crime, education
- Susceptibility
  - Low income
- Spirituality
  - Fatalistic view

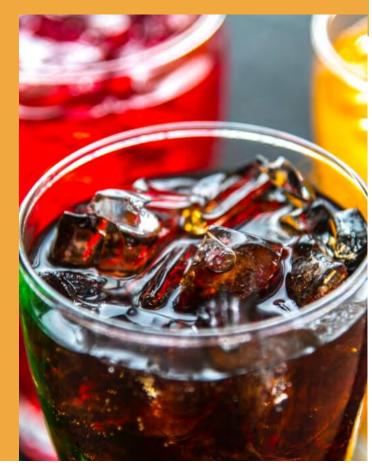




#### Is SOUL FOOD PUTTING THE "DIE" IN DIET?









#### TRADITIONAL AA SOUTHERN DIET













#### The Great Migration

#### **Early 20th Century**

Movement from rural South to large cities in the North and West changed eating habits of African migrants.



# Shifts From Traditional Eating to Industrialized Meal Patterns Health Outcomes:

- Metabolic syndrome and obesity increases in Botswana
- New rates of hypertension in West Africa
- Urbanization linked to poor dietary quality and greater risk for chronic disease

# Fat, fibre and cancer risk in African Americans and rural Africans

Nature Communications 6, Article number: 6342 (2015)

#### TWO WEEK FOOD EXCHANGES

AA fed African-style diet
55g high-fiber
16% fat
Rural Africans fed Western style diet
12g low-fiber
52% fat

"African Americans experienced a reduction in inflammation of their colons, improved markers for cancer, and an increase in the diversity of their healthy gut bacteria. On the other hand, rural Africans who ate a Western-style diet produced more bile acid—a risk factor for colon cancer—and experienced a decrease in the diversity of healthy gut bacteria."

# Helping AA Reclaim Their Cultural Heritage

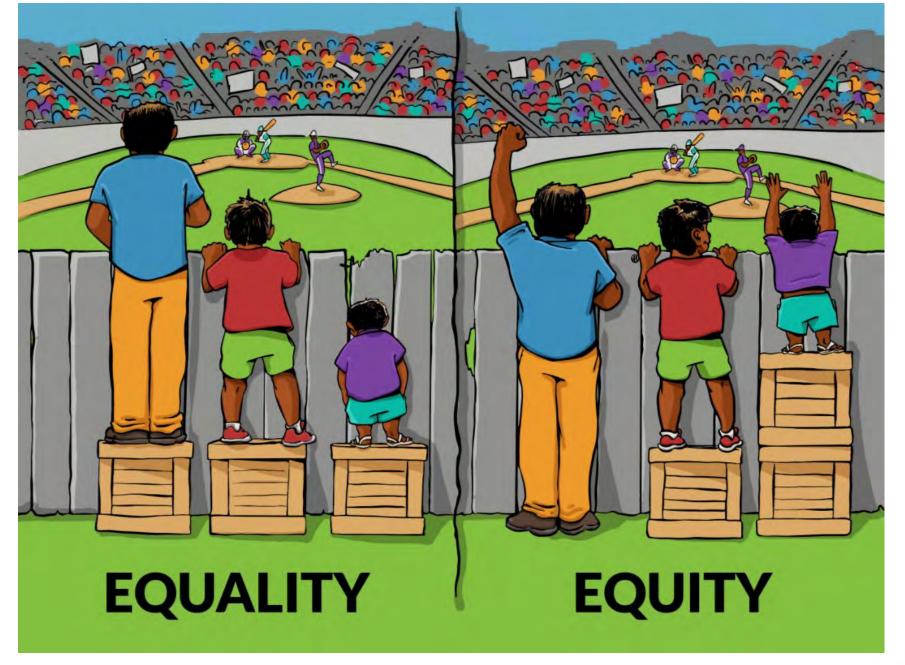
Tips for Healthcare Providers





# 'WHITE PEOPLE FOOD' CREATING AN UNATTAINABLE PICTURE OF HEALTH

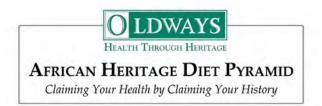


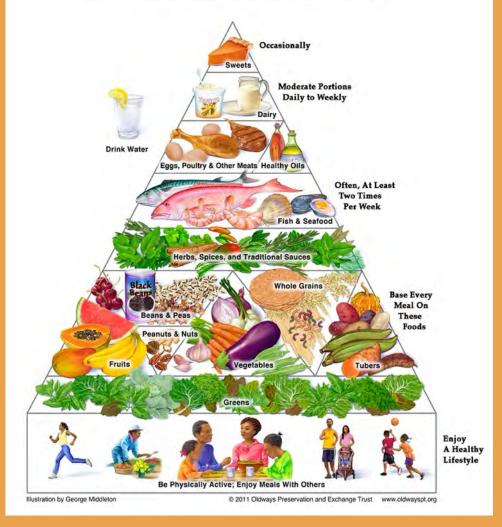




# Nutrition must go beyond a one-size-fits-all approach.

According to the DHHS, "practicing cultural competence to honor diversity means understanding the core needs of your target audience and designing services and materials to meet those needs strategically."





#### - DIY

- AADE's DiversityCOI
- AND's EthnicDPGs
  - Cultural Food
     Practices book

# FOOD PYRAMID



#### FATS

#### O CARROHYDRATE

A serving can be: 1 tsp Margarine or Oil 10 Peanuts 1 tsp Lard 1 tsp Lard 1 slice Bacon ½ Inch Fat Back 2 tbsp Chitterlings

#### MILK

15 GRAMS CARBOHYDRATE

A serving can be: 1c Milk

1c Buttermilk

1/2 c Evaporated Milk 3/4 c Fortified Soy Milk



#### FISH, POULTRY AND MEAT

#### O CARBOHYDRATE

A serving can be: 2-3 oz Catfish, Trout, Hog Maw, Pig Ear, Neck Bones, Chicken, Goat or Beef

#### **VEGETABLES**

15 GRAMS CARBOHYDRATE

A serving can be: 1 ½ c cooked Kale, Poke Salad, Collard Greens or Turnips



#### FRUIT

15 GRAMS CARBOHYDRATE

A serving can be:

1 Medium Peach, Apple

or Orange 1 1/4 c Watermelon

17 Muscadines or

17 Muscadines

15 Grapes ½ c Orange or

Grapefruit Juice

#### STARCH

15 GRAMS CARBOHYDRATE

A serving can be: ½ c Grits or Cooked Cereal 1 Biscuit (2 ½" across) Cornbread (2" square) ½ c Lima Beans, Black Eye Peas or Succotash

1/3 c Yam, Sweet
Potato or Rice



Carbohydrate affects your blood sugar more than any other nutrient. Carbohydrate is found in foods like bread, cereal, fruit, vegetables and milk. Eating a lot of these foods at a meal or snack can make your blood sugar go up too high. Many soul foods like combread and collard greens have carbohydrate. But, you do not have to give up these foods! Just size up your portions with the Diabetes Soul Food Pyramid and eat smaller meals and snacks every day.

**THE CHOICE IS YOURS!** A carbohydrate choice is a serving of food from the starch, fruit, vegetable or milk group. Each carbohydrate choice gives you 15 grams of carbohydrate. Choose 3-4 carbohydrate choices at each meal and 1-2 carbohydrate choices at planned snacks. Talk to your registered dietitian (RD) or diabetes educator (CDE) to find out your best choices.

#### **Healthful Eating Tips**

- Eat foods from each food group daily.
- Use a sugar substitute in place of real sugar.
- Avoid too much fat; eat fish, poultry and lean meat more often than high fat meat.
- Eat fresh fruits and vegetables daily.
- Avoid too much salt; do not add salt to your food after it is cooked.



#### Food Choices • Taste • Predilections

- Hoppin' John
- Trotters
- Chittlins
- Gumbo
- Crawfish
- Boudin
- Hush puppies

- Ham hocks
- Hogshead cheese
- Stamp and go
- Bammy
- Ackee
- Callalo
- Festival



# Culturally Competent Counseling Tips Using Cultural Humility

#### Recognize barriers

- Physical: lactose Intolerance is prevalent in African
   Americans
- Culturally shaped food practices, family influences, and hardships
- Your patients' daily experiences: income levels, food access in their neighborhoods, SNAP benefits, transportation, kitchen equipment – what do they need?



# Culturally Competent Counseling Tips Using Cultural Humility

#### Recognize strengths

- Understand & utilize the healthy roots of African American cuisines
- Find the positives, even when unhealthy habits abound
- Establish trust and interest show genuine concern
- Use education materials depicting African
   Americans, rather than other ethnic groups



# Culturally Competent Counseling Tips Using Cultural Humility

#### Recognize strengths

- Use inclusive "we" language rather than isolating "you" terms
- Know where to locate farmer's markets and the best produce around town – equip patients with an African Heritage Grocery List
- Send patients to an Oldways Taste of African Heritage cooking class nearby (and if one is not available, consider teaching one yourself!)





## In Summary

Adopting a westernized diet increases susceptibility to health problems.

Cultural humility requires historical awareness

Reframing nutrition education programing can play a key role in bridging the health-equity gap in African Americans









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Facebook: facebook.com/LivingWellWithDiabetes

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Website: www.constancebrownriggs.com

# An RD's Guide to Cultural Humility & Heritage Diets - Asian Heritage

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Joslin Diabetes Center
Affiliated with Harvard Medical School
Boston, MA

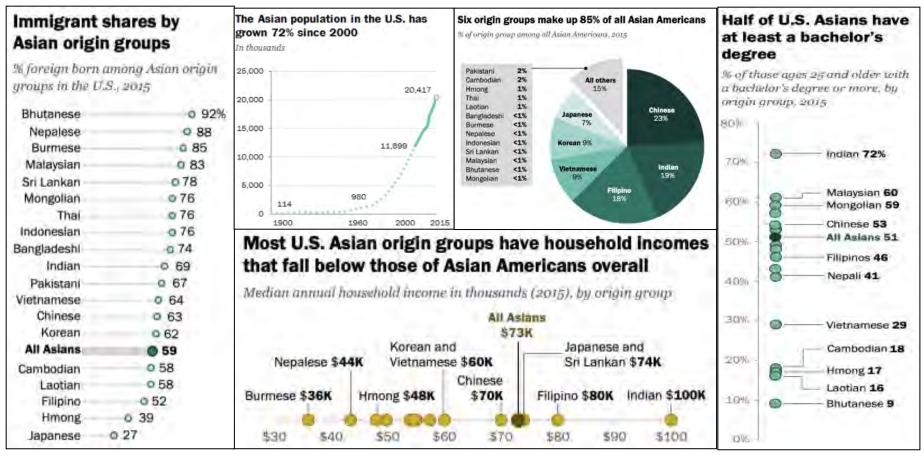


## **Objectives**

- Identify the primary health disparities faced by Asian Americans and their causes.
- Describe the characteristic foods and food traditions that are common across Asia.
- Tips for RDs working with Asian American patient populations / how to integrate culturally relevant components into dietary interventions.



# Who Are Asian Americans? - A Diverse Group





# Low Mean BMI & Lowest Obesity Rate

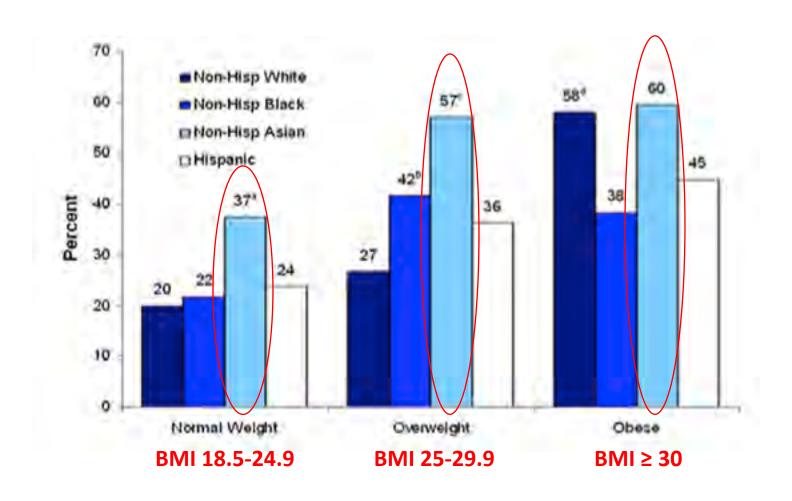
	Mean or % (95% CI)								
						Selected Non-Hispanic Asian Subgroups			
	Total (n = 7575)	Non-Hispanic White (n = 2866)	Non-Hispanic Black (n = 1636)	Hispanic (n = 1952)	Non-Hispanic As ian (n = 909)*	East Asian (n = 322) <sup>d</sup>	South Asian (n = 209)*	Southeast Asian (n = 163) <sup>f</sup>	Non-Hispanic Other (n = 212)
Age, mean, y	47.5	49.5	45.1	41.8	44.7	45.1	44.1	44.7	46.1
	(46.8-48.3)	(48.6-50.5)	(44.1-46.0)	(40.6-42.9)	(43.3-46.1)	(42.9-47.4)	(41.6-46.5)	(41.7-47.7)	(42.6-49.6)
Sex,%									
Women.	51.9	51.4	55.6	50.3	54.3	56.8	46.5	57.2	52.6
	(50.6-53.2)	(49.6-53.2)	(52.3-58.9)	(48.1-52.4)	(51.6-57.0)	(52.5-61.2)	(41.2-51.9)	(50.2-64.1)	(44.6-60.6)
Men	48.1	48.6	44.4	49.7	45.7	43.2	53.5	42.8	47.4
	(46.8-49.4)	(46.8-50.4)	(41.1-47.7)	(47.6-51.9)	(43.0-48.4)	(38.8-47.5)	(48.1-58.8)	(35.9-49.8)	(39.4-55.4)
Education, %									
<high school<="" td=""><td>16.1</td><td>11.1</td><td>17.2</td><td>39.5</td><td>13.4</td><td>9.2</td><td>15.4</td><td>22.0</td><td>10.7</td></high>	16.1	11.1	17.2	39.5	13.4	9.2	15.4	22.0	10.7
	(13.7-18.5)	(8.3-13.9)	(14.8-19.7)	(35.3-43.7)	(10.4-16.3)	(4.3-14.0)	(8.3-22.5)	(14.0-29.9)	(5.3-16.1)
Highschool	20.9	20.8	26.8	20.2	12.7	13.2	8.5	18.1	19.0
	(18.6-23.1)	(17.5-24.0)	(24.0-29.5)	(17.4-22.9)	(9.6-15.8)	(8.2-18.1)	(4.3-12.6)	(9.9-26.2)	(9.6-28.4)
> High school	63.0	68.2	56.0	40.3	73.9	77.7	76.1	60.0	70.3
	(59.5-66.6)	(63.2-73.1)	(52.0-59.9)	(36.1-44.5)	(69.4-78.5)	(70.8-84.6)	(67.7-84.5)	(48.4-71.6)	(59.0-81.5)
Weight,	83.2	84.4	87.5	81.2	65.2	63.4	70.2	61.8	82.7
mean, kg	(82.3-84.1)	(83.3-85.6)	(86.5-88.6)	(79.8-82.7)	(64.3-66.0)	(62.0-64.9)	(68.5-72.0)	(59.6-64.0)	(78.4-87.0)
Height,	169	170	169	164	163	164	165	160	168
mean, cm	(168-169)	(169-170)	(168-170)	(164-165)	(162-164)	(163-165)	(163-166)	(159-162)	(167-170)
BMI, mean <sup>a</sup>	29.2	29.2	30.6	29.9	24.4	23.4	25.9	23.9	29.1
	(28.9-29.5)	(28.8-29.6)	(30.2-31.1)	(29.5-30.4)	(24.0-24.7)	(22.9-23.9)	(25.2-26.6)	(23.1-24.6)	(27.7-30.5)
BMI group <sup>p</sup>	29.3%	29.1%	24.0%	20.6%	61.1%	69.4%	44.9%	68.9%	38.3%
<23	17.3	17.0	15.0	11.4	41.0	53.1	25.1	40.3	18.8
	(15.7-19.0)	(15.1-19.0)	(12.8-17.2)	(9.2-13.6)	(36.0-46.0)	(46.5-59.8)	(17.8-32.4)	(28.1-52.4)	(11.1-26.5)
23-24.9	12.0	12.1	9.0	9.2	20.1	16.3	19.8	28.6	19.5
	(10.8-13.1)	(10.5-13.7)	(7.3-10.8)	(7.7-10.7)	(16.9-23.4)	(12.5-20.1)	(14.0-25.7)	(18.6-38.7)	(12.2-26.8)
25-29.9	32.6	33.0	29.9	35.6	28.7	23.8	37.8	24.2	25.4
	(31.2-33.9)	(31.3-34.6)	(26.5-33.2)	(32.6-38.6)	(25.4-31.9)	(18.7-28.9)	(29.7-45.9)	(15.4-32.9)	(17.5-33.4)
30-349	21.4	21.4	22.4	26.1	8.2	5.9	13.2	6.0	17.9
	(20.0-22.8)	(19.6-23.3)	(19.8-25.1)	(23.3-28.9)	(6.6-9.8)	(3.7-8.1)	(8.2-18.2)	(1.9-10.1)	(12.8-23.0)
≥35	16.7	16.5	23.6	17.7	2.0	0.9	4.1	0.9	18.3
	(15.4-18.1)	(14.8-18.1)	(21.6-25.7)	(15.4-20.0)	(1.2-2.7)	(0.0-1.7)	(1.1-7.1)	(0.0-2.3)	(11.7-24.9)

BMI <25



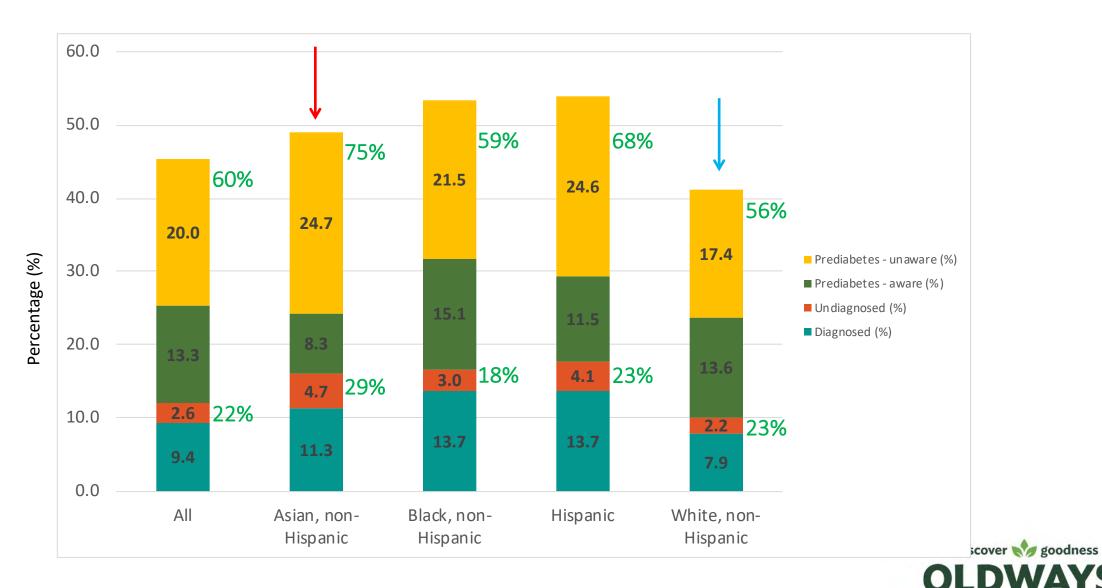
Adapted from JAMA. 2019;322(24):2389-2398

## Highest Diabetes Rate at All Weight Categories

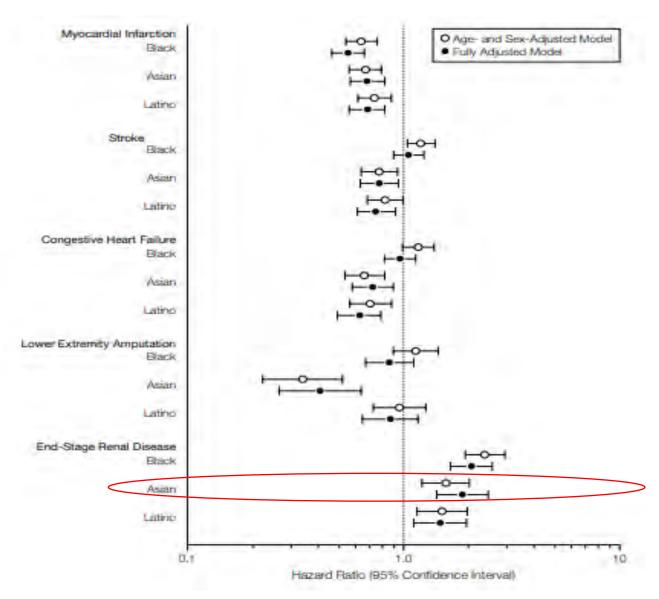




#### **Highest Undiagnosed Rate of Diabetes & Prediabetes**

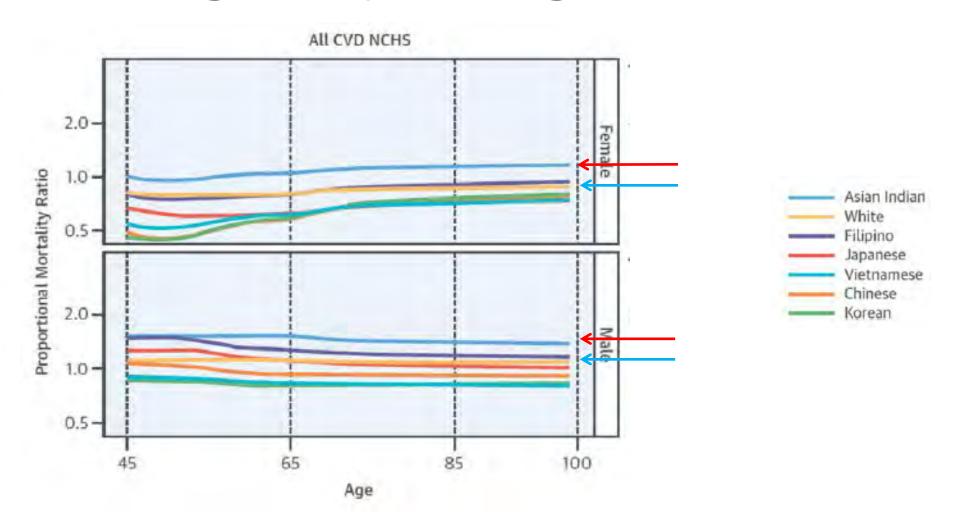


### **Ethnic Disparities in Diabetic Complications**





# Heterogeneity among Asians





#### **Diverse in Food Culture**

### One of the commonalities: Family-oriented



Chinese



Korean



Japanese



Vietnamese



Burmese



Indian OLDWAYS

#### **VERY Diverse in Food Culture**

#### Rice



Japanese rice Japan



Jasmine rice China



Basmati rice India

#### **Bread**







Northern China



**Desserts** 





#### Similar Traditional Asian Diet

	Asian Indians		USA		
Carbohydrates	60-67%	70%	50%		
Fat	17%	15%	33%		
Protein	15%	15%	16%		
Fiber	N/A	15 g/ 1000 kcal	15 g / day		

Misra et al. British Journal of Nutrition. 2009;101: 465-473

Campbell et al. Toxicology Sciences. 1999; 52 (Supplement): 87 – 94

Ford et al. AJCN. 2013; 97(4): 848-853

https://www.ucsfhealth.org/education/increasing\_fiber\_intake/



### What is today's eating pattern like for Asians?

- 1) Similar to Traditional Asian Diet
- 2) Similar to Typical Western Diet
- 3) Somewhere between Traditional Asian Diet & Typical Western Diet

#### **Traditional Asian Diet**

- 70% Carbohydrates
- 15% Protein
- 15% Fat
- 15 g Fiber/1000 calories

#### Typical Western Diet

- 50% Carbohydrates
- 16% Protein
- 34% Fat
- 6 g Fiber/1000 calories



## **Current Eating Pattern**

Table 5. Comparison of daily intake of energy and nutrients "by age in children ^ and males in the Chinese and Italian groups.

		(10-17 Years)	Males (18-64 Years)		Males (65 Years and Above)	
Energ	Typical Western Diet	Italian (N = 108)	Chinese (N = 896)	Italian (N = 1068)	Chinese (N = 263)	Italian (N = 202)
To		2576 ± 744 *	2330 ± 865	2390 ± 650 *	$1981 \pm 740$	2296 ± 556 *
C	& Modernized Asian Diet	326.7 ± 110.2 *	$274.9 \pm 123.8$	$283.1 \pm 88.7$	$243.6 \pm 101.4$	274.9 ± 81.4 *
- 11		99.3 ± 26.2 *	$76.9 \pm 31.0$	92.6 ± 25.3 *	$67.9 \pm 28.1$	88.2 ± 21.4 *
		105.4 ± 32.3 *	$95.9 \pm 46.4$	$95.4 \pm 29.5$	$73.9 \pm 35.3$	87.0 ± 23.4 *
100	• FOO/ Carbaby drates	18.1 ± 5.9 *	$11.0 \pm 7.6$	$19.6 \pm 7.3$ *	$11.3 \pm 8.1$	21.6 ± 8.2 *
C	<ul> <li>50% Carbohydrates</li> </ul>	$355 \pm 153$	$339 \pm 247$	$331 \pm 157$	$281 \pm 202$	$302 \pm 137$
% T	• 16% Protein	Fiber: <u>5 g/ 100</u> 0 kcal				
Ca		$47.2 \pm 5.6$	$47.4 \pm 12.0$	44.3 ± 6.2 *	$49.8\pm12.8$	44.8 ± 6.3 *
0 14	• 34% Fat	15.6 ± 1.9 *	$13.5 \pm 3.4$	15.7 ± 2.2 *	$14.1 \pm 3.8$	15.5 ± 2 *
3	<ul> <li>6 g Fiber/1000 calories</li> </ul>	36.9 ± 4.9	$37.0 \pm 10.9$	36.0 ± 5.3 *	33.8 ± 11.1	34.3 ± 5.7

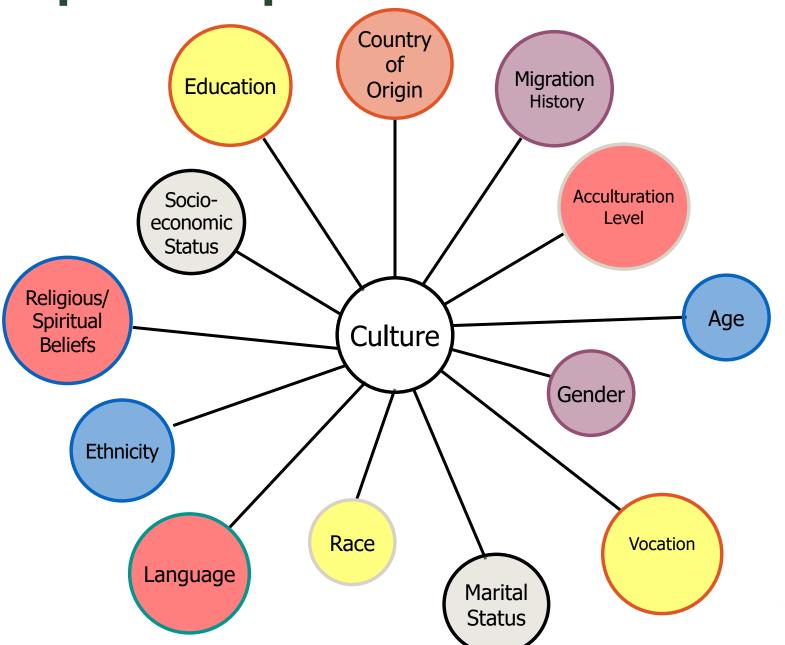


## 2019 ADA Nutrition Consensus Report

- "Evidence suggests that there is **not an ideal percentage** of calories from carbohydrate, protein, and fat for all people with or at risk for diabetes; therefore, macronutrient distribution should be based on individualized assessment of current eating patterns, preferences, and metabolic goals."
- "A variety of eating patterns (combinations of different foods or food groups) are acceptable for the management of diabetes."
- "Until the evidence surrounding comparative benefits of different eating patterns in specific individuals strengthens, health care providers should focus on the key factors that are **common among the patterns**:
  - Emphasize nonstarchy vegetables.
  - Minimize added sugars and refined grains.
  - Choose whole foods over highly processed foods to the extent possible.
- One of the goals: "To address individual nutrition needs based on personal and cultural preferences, health literacy and numeracy, access to healthful food choices, willingness and ability to make behavioral changes, as well as barriers to change"



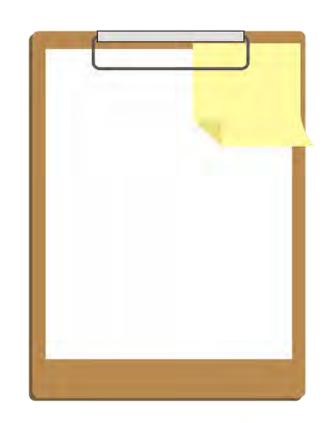
# The Multiple Components of Cultural Identity





# Practical Tips in Counseling – Gathering Information

- Lifestyle
- Eating habit
- Food preferences
- Social history
  - Born in the USA? When immigrating to USA?
  - Support system
    - Do family, friends or coworkers know about their diabetes?
    - Living with their family?
    - How often do they have meals with their grandchildren?
  - Financial situation
  - Work schedule
- Cooking methods





# Practical Tips in Counseling

### - Providing Recommendations

- Eating mindfully
- Making vegetables the star
- Use meat as garnish
- Introduce legumes and different types of whole intact grains
- Gradually switch out processed grains
- Plate method / bowl method / hand method







## **Special Considerations**

- Religious & cultural festivals
  - Buddhists: e.g. First and fifteenth of lunar month
  - Hindu: e.g. Diwali
  - Various East/South-East Asians: Lunar New Year, Moon Festival
- Life period
  - Chinese: confinement during the first month after pregnancy
    - Special food (varies in regions; high caloric)
    - Cannot leave home
- Traditional Medicine
  - Using without knowing medicinal dishes or foods
  - Balancing of forces



# Keeping the Food Culture Healthfully

#### **Traditional Asian Diet**

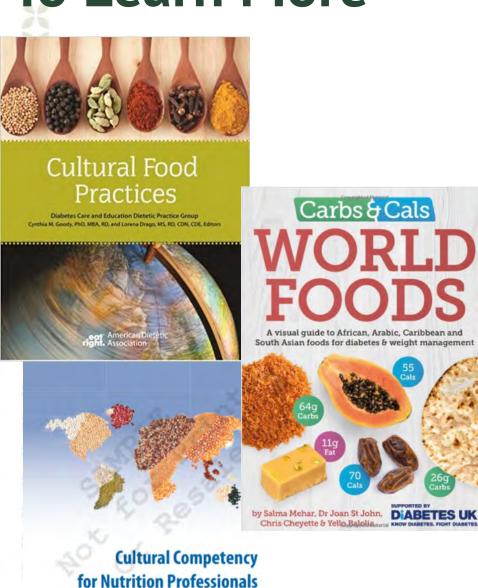
- 70% Carbohydrates
- 15% Protein
- 15% Fat
- 15 g Fiber/1000 calories

# Typical Western Diet & Modernized Asian Diet

- 50% Carbohydrates
- 16% Protein
- 34% Fat
- 6 g Fiber/1000 calories



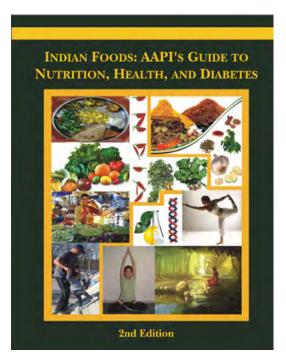
#### To Learn More



Academy of Nutrition and Dietetics



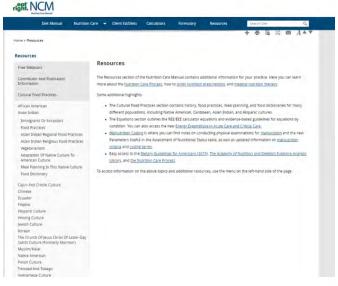
oldwayspt.org



PDF available online



#### aadi.joslin.org





# An RD's Guide to Cultural Humility & Heritage Diets

Sylvia E. Klinger, DBA, MS, RDN



#### **Disclosures**

- Presentation with Oldways
- Member, Grains Food Foundation Scientific Advisory Board
- Member, Bayer Crop Science LEAD Network
- Consultant to the Soyfoods Council
- Consultant to the Glutamate Association





# My family







# Latinas View a Homemade Meal as the Gold Standard

Hispanics are 23% more likely than the total US population to be categorized as a "Cooking Enthusiast"

- •Functional: Larger families
- •Emotional: Cooking is an act of love, a conduit for gathering around the table and enjoying family



Source: Mintel

Source: Ahzul. 2016.



# Improving Consumption of healthy foods: Involve the Family in Food Decisions

80% of Hispanic shopping trips conducted with family and friends

### INSIGHT: Market to the family, not just mom.



Source: Mintel

91%

of Hispanic grocery shoppers will ask their family members "what they want" as part of their planning (vs. 77% of the general population)

**39%** of Hispanic shoppers say they "love" grocery shopping

44%

of Hispanic grocery shoppers say they'll buy a brand because "the kids asked for it" (vs. 16% of the general population)



### **Typical Latino Diet**

 Traditionally, Latino diet is filled with whole grain corn, vegetables, fruits, beans, rice, herbs and spices has combined with a strong emphasis on family life, to support good health

 As Latin Americans adopt a more typically Americanized diet and lifestyle, however, they are at higher risk for many chronic diseases



### **Hispanics and Health**

- Worry about their health on behalf of family
  - A life-threatening illness can affect their ability to provide for their family
- Focus on <u>wellness and</u><u>prevention</u>







### Thinking about Food and Diet

- Food = Love
  - Bonds the family
  - Mom interested in trying to cook healthier
- Cooking from scratch
  - Source of pride and self-expression







### Lifestyle Characteristics

- Perception of weight
- Acceptance of large portions
  - Lack of nutrition education
- Celebrations food at the center
- Longer time spent in U.S. generally
   more western foods added to
   their diet







### **Characteristics of the Hispanic Diet**

- Influenced by country of origin
- Traditional Hispanic diet revolves around:
  - Grains
  - Beans
  - Fresh fruits and vegetables





### **Focus on Hero Foods**

- Hispanic "hero" foods are:
  - Highly nutritious
  - Variety = more power
  - Often lower in fat and calories
- Includes:
  - Grains
  - Beans/legumes
  - Fruits
  - Vegetables
  - Nuts and Seeds







### **Hispanic Hero Foods - Fruits**

- Sample Hero Fruits
  - Avocado
  - Barbados Cherry (Acerola)
  - Guava
  - Mango
  - Orange
  - Papaya
  - Passion Fruit
  - Sapodilla







### Hispanic Hero Foods - Vegetables

- Sample Hero Vegetables
  - Chayote
  - Chiles
  - Jicama
  - Pumpkin (Calabaza)
  - Sweet Peppers
  - Sweet Potato (Camote)
  - Tomatillo
  - Yuca (Cassava)







### **Hispanic Hero Foods – Grains, Seeds, Nuts**

- Sample Hero Grains, Seeds& Nuts
  - Corn
  - Quinoa
  - Pumpkin Seeds (Pepitas)
  - Sunflower Seeds
  - Sesame Seeds
  - Almonds

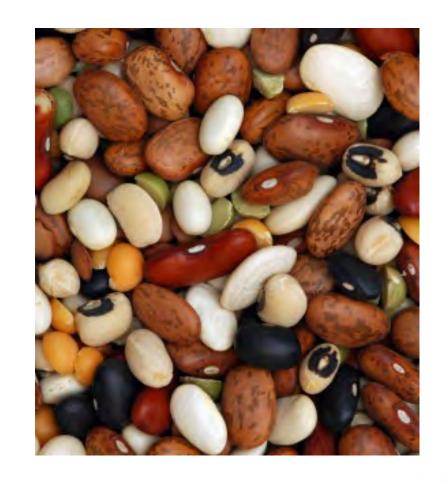






### Hispanic Hero Foods – Beans/Legumes

- Sample Hero Beans
  - Black eyed Peas
  - Black Beans
  - Chickpeas
  - Kidney Beans
  - Lima Beans
  - Gandules
  - Soybeans







## Flavoring con Sabor

- Herbs and species such as cumin and smoked paprika
- Add more onions, garlic, cilantro, chiles, etc.
- Flavor desserts with more cinnamon, vanilla, ginger, citrus juices or zest and coconut





# Food Differences by Hispanic Subgroup

- Differences in heat, spiciness and sweetness
  - Sofrito used to flavor many dishes
    - Spanish: tomatoes and is sweet
    - Puerto Rican: cilantro and is robust
    - Cuban: parsley, tomatoes and is mild
  - Heat or spiciness
    - Cooks from the Caribbean (e.g., Cuba, Puerto Rico and Dominican Republic) tend not to use chilies in their cooking (maybe only as a condiment)







## **Latin Sauces and Spices**



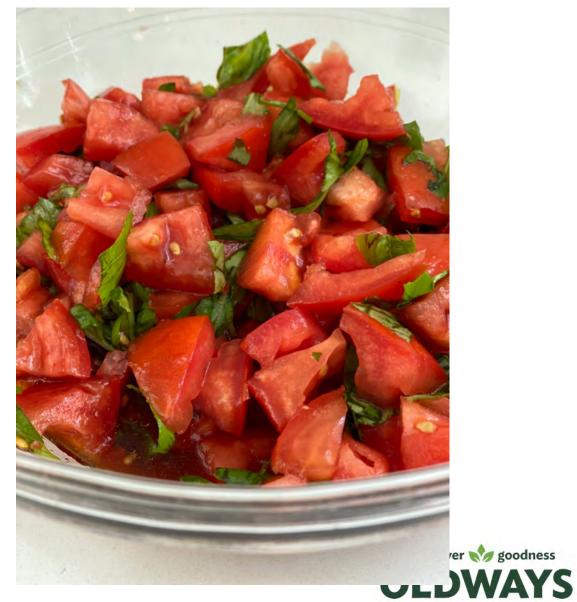






# Flavoring Food







### How to Increase Fruits and Vegetables







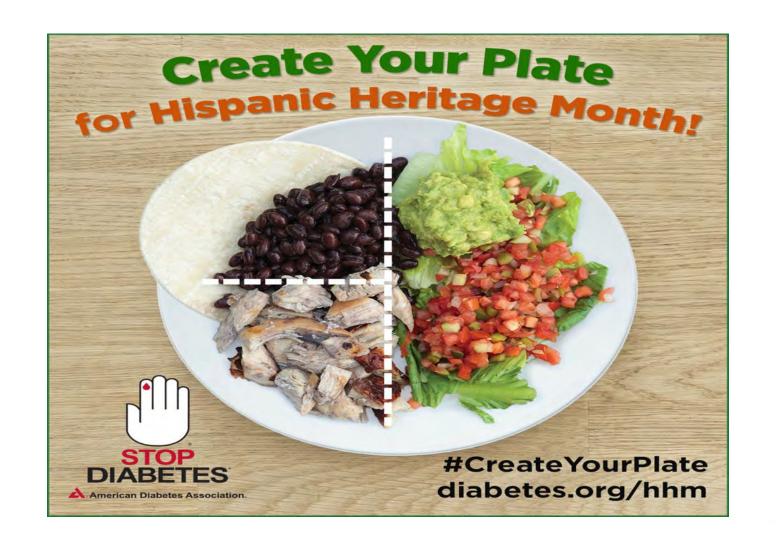
### How to Increase Fruits and Vegetables





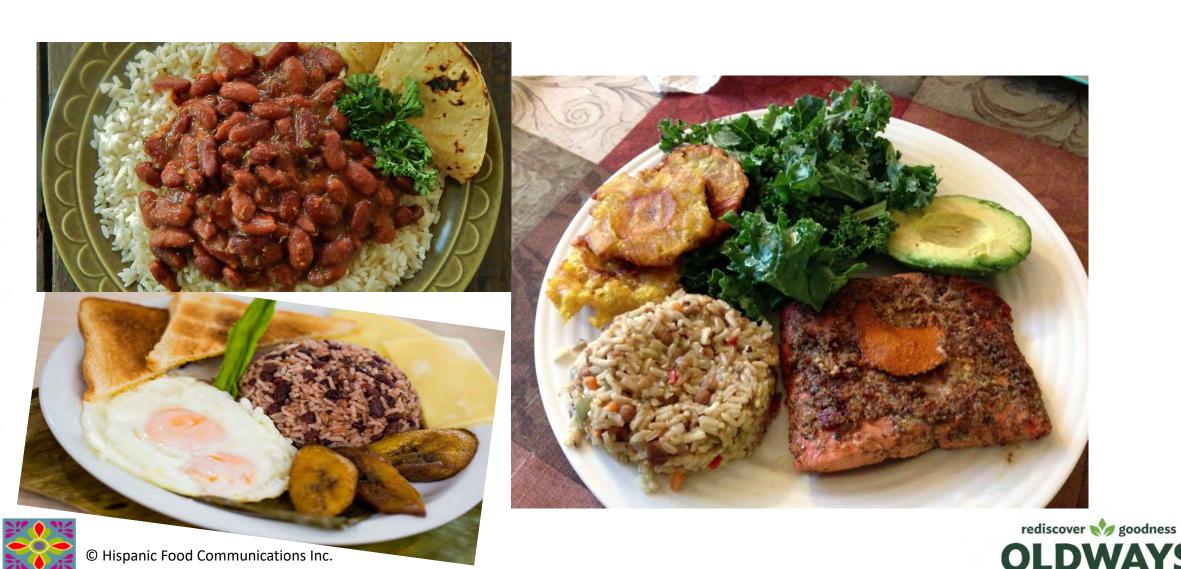


### My Plate Guide to Portion Control





### **Portion Control and Food Combinations**



### **Methods of Preparation**



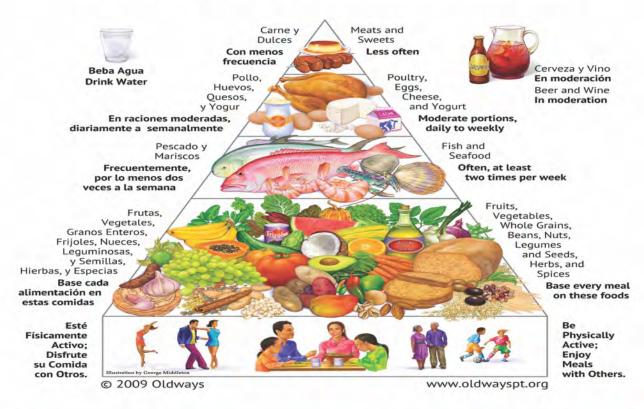




# A Guide to Healthy Eating



### Latin American Diet Pyramid La Pirámide de La Dieta Latinoamericana







### **Summary**

- Hispanic women still owns the kitchen
- Spend more money on food purchases
- Interest in healthy food purchases and home cooking.
- Diets generally healthier, but need variety and moderate portions
- A significant number of favorite foods are nutrient dense and can be flavored with little calories, salt or sugar.

rediscover og goodness

# **Closing Thoughts**



Regardless of age and country of origin, the majority of Hispanics are retaining their unique identity and preserving their culture.



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# A Taste of Latin American Heritage

