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
Mediterranean Diet Pyramid

- Wine: In moderation
- Drink water
- Poultry, Eggs, Cheese, and Yogurt: Moderate portions, daily to weekly
- Fish and Seafood: Often, at least two times per week
- Fruits, Vegetables, Whole Grains, Olive Oil, Beans, Nuts, Legumes, Seeds, Herbs and Spices: Base every meal on these foods
- Meats and Sweets: Less often

Be physically active; Enjoy meals with others

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Latin American 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 self-reflection 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.
• 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


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

African Americans and whites include Hispanic and non-Hispanic origin.


https://www.cdc.gov/vitalsigns/aahealth/info
African Americans are more likely to die at early ages from all causes.
The leading causes of death for African Americans have decreased from 1999–2015.

Deaths in African Americans ages 65 years and older

CAUSE OF DEATH

Heart Disease
- 43% African American
- 38% White

Cancer
- 29% African American
- 20% White

Stroke
- 41% African American
- 41% White


https://www.cdc.gov/vitalsigns/aahealth/infographic.html#graphic
## Comorbidities and COVID-19

<table>
<thead>
<tr>
<th>Condition</th>
<th>Death Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular Disease</td>
<td>10.5%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>7.3%</td>
</tr>
<tr>
<td>Respiratory Disease</td>
<td>6.3%</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>6.0%</td>
</tr>
<tr>
<td>Cancer</td>
<td>5.6</td>
</tr>
</tbody>
</table>

Cultural Humility Requires Historical Awareness
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)
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 Diversity COI
- AND’s Ethnic DPGs
  - Cultural Food Practices book
Food Choices • Taste • Predilections

- Hoppin’ John
- Trotters
- Chittlins
- Gumbo
- Crawfish
- Boudin
- Hush puppies
- Ham hocks
- Hogshead cheese
- Stamp and go
- Bammy
- Ackee
- Callalo
- Festival
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?
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
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 programming can play a key role in bridging the health-equity gap in African Americans.
An RD’s Guide to Cultural Humility & Heritage Diets - Asian Heritage

Ka Hei Karen Lau, MS, RDN, LDN, CDCES

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

PEW Research Center
https://www.pewresearch.org/fact-tank/2019/05/22/key-facts-about-asian-origin-groups-in-the-u-s/
## Low Mean BMI & Lowest Obesity Rate

<table>
<thead>
<tr>
<th>Age, mean, y</th>
<th>&lt;23</th>
<th>23-24.9</th>
<th>25-29.9</th>
<th>30-34.9</th>
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<tbody>
<tr>
<td>Total (n = 7575)</td>
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<td>12.0</td>
<td>32.6</td>
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<tr>
<td>Non-Hispanic Black (n = 1636)</td>
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<td>Non-Hispanic White (n = 2866)</td>
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<td>16.1</td>
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<tr>
<td>Hispanic (n = 1952)</td>
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<td>9.2</td>
<td>29.9</td>
<td>22.5</td>
<td>16.0</td>
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<tr>
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<td>25.9</td>
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<tr>
<td>East Asian (n = 322)</td>
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<td>10.5</td>
<td>26.3</td>
<td>23.0</td>
<td>16.7</td>
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<tr>
<td>South Asian (n = 209)</td>
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<td>9.2</td>
<td>29.9</td>
<td>22.5</td>
<td>16.0</td>
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<tr>
<td>Southeast Asian (n = 163)</td>
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<td>9.2</td>
<td>35.6</td>
<td>25.9</td>
<td>14.7</td>
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<tr>
<td>Non-Hispanic Other (n = 212)</td>
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<td>9.2</td>
<td>35.6</td>
<td>25.9</td>
<td>14.7</td>
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</table>

<table>
<thead>
<tr>
<th>Sex, %</th>
<th>Total</th>
<th>Women (n = 3726)</th>
<th>Men (n = 3849)</th>
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<tbody>
<tr>
<td>&lt;High school</td>
<td>16.1</td>
<td>11.1</td>
<td>20.0</td>
</tr>
<tr>
<td>High school</td>
<td>17.2</td>
<td>14.8</td>
<td>20.8</td>
</tr>
<tr>
<td>&gt;High school</td>
<td>39.5</td>
<td>33.3</td>
<td>23.7</td>
</tr>
</tbody>
</table>

### Education, %

- **<High school**: 16.1 (13.7-18.5) 11.1 (8.3-13.9) 20.0 (16.8-23.2) 20.8 (17.7-24.0) 61.0 (59.5-66.6)
- **High school**: 17.2 (14.8-19.7) 14.8 (12.3-17.3) 20.7 (17.4-22.9) 21.7 (18.2-25.1) 61.0 (59.5-66.6)
- **>High school**: 39.5 (33.3-43.7) 33.3 (29.6-37.0) 23.7 (19.7-27.7) 21.7 (18.2-25.1) 61.0 (59.5-66.6)

### Weight, mean, kg

- **Total**: 81.2 (80.3-82.1) 84.4 (83.3-85.6) 87.5 (86.6-88.6) 87.5 (86.6-88.6) 81.2 (80.3-82.1)
- **Women**: 78.0 (76.9-79.1) 81.2 (79.8-82.7) 85.6 (84.6-86.7) 85.6 (84.6-86.7) 78.0 (76.9-79.1)
- **Men**: 84.5 (83.4-85.7) 87.5 (86.6-88.6) 91.9 (90.8-93.0) 91.9 (90.8-93.0) 84.5 (83.4-85.7)

### Height, mean, cm

- **Total**: 169 (168-170) 170 (169-170) 169 (168-170) 169 (168-170) 170 (169-170)
- **Women**: 169 (168-170) 170 (169-170) 169 (168-170) 169 (168-170) 170 (169-170)
- **Men**: 170 (169-170) 170 (169-170) 170 (169-170) 170 (169-170) 170 (169-170)

### BMI, mean

- **Total**: 29.2 (28.9-29.5) 29.1 (28.8-29.6) 29.0 (28.7-29.4) 29.0 (28.7-29.4) 29.1 (28.8-29.6)
- **Women**: 29.2 (28.9-29.5) 29.1 (28.8-29.6) 29.0 (28.7-29.4) 29.0 (28.7-29.4) 29.1 (28.8-29.6)
- **Men**: 29.1 (28.8-29.6) 29.0 (28.7-29.4) 29.0 (28.7-29.4) 29.0 (28.7-29.4) 29.1 (28.8-29.6)

### BMI group

- **Total**: 29.3% 29.1% 24.0% 20.6% 61.1% 64.4% 44.9% 68.9% 38.3%
- **Women**: 29.3% 29.1% 24.0% 20.6% 61.1% 64.4% 44.9% 68.9% 38.3%
- **Men**: 29.3% 29.1% 24.0% 20.6% 61.1% 64.4% 44.9% 68.9% 38.3%

Adapted from JAMA. 2019;322(24):2389-2398
Highest Diabetes Rate at All Weight Categories

King et al. Diabetes Care May 2012
Highest Undiagnosed Rate of Diabetes & Prediabetes

Heterogeneity among Asians

Volgman et al. Circulation. 2018; 138:e1-e34
Diverse in Food Culture

One of the commonalities: Family-oriented

Chinese

Korean

Japanese

Vietnamese

Burmese

Indian
VERY Diverse in Food Culture

Rice
- Japanese rice
  - Japan
- Jasmine rice
  - China
- Basmati rice
  - India
- Jasmine rice
  - China

Bread
- Southern China
  - India
- Northern China
  - India

Desserts
- China
- India
## Similar Traditional Asian Diet

<table>
<thead>
<tr>
<th></th>
<th>Asian Indians</th>
<th>Chinese</th>
<th>USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carbohydrates</td>
<td>60-67%</td>
<td>70%</td>
<td>50%</td>
</tr>
<tr>
<td>Fat</td>
<td>17%</td>
<td>15%</td>
<td>33%</td>
</tr>
<tr>
<td>Protein</td>
<td>15%</td>
<td>15%</td>
<td>16%</td>
</tr>
<tr>
<td>Fiber</td>
<td>N/A</td>
<td>15 g/1000 kcal</td>
<td>15 g/day</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Diet</th>
<th>Carbohydrates</th>
<th>Protein</th>
<th>Fat</th>
<th>Fiber/1000 calories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Typical Asian Diet</td>
<td>70%</td>
<td>15%</td>
<td>15%</td>
<td>15 g</td>
</tr>
<tr>
<td>Typical Western Diet</td>
<td>50%</td>
<td>16%</td>
<td>34%</td>
<td>6 g</td>
</tr>
</tbody>
</table>
Typical Western Diet & Modernized Asian Diet

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

- Education
- Country of Origin
- Migration History
- Acculturation Level
- Age
- Gender
- Vocation
- Marital Status
- Race
- Language
- Ethnicity
- Religious/Spiritual Beliefs
- Socio-economic Status
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

- oldwayspt.org
- aadi.joslin.org
- nutritioncaremanual.org/
- PDF available online
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
Hello! It’s us!
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.

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)

Source: Mintel
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 **wellness and prevention**
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)

Heise, D. USDA, ARS
www.nal.usda.gov/outreach/HFood.html
Latin Sauces and Spices
Flavoring Food
How to Increase Fruits and Vegetables
How to Increase Fruits and Vegetables
Portion Control and Food Combinations
Methods of Preparation
A Guide to Healthy Eating

Latin American Diet Pyramid
La Pirámide de La Dieta Latinoamericana

- Beba Agua (Drink Water)
- Bebe Leche (Drink Milk)
- Con menos frecuencia (Less often)
- Pescado y Mariscos (Fish and Seafood)
- En raciones moderadas, diariamente a semanalmente (Moderate portions, daily to weekly)
- Frecuentemente, por lo menos dos veces a la semana (Frequently, at least two times per week)
- Be Physically Active; Enjoy Meals with Others

www.oldwayspt.org

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rediscover goodness OLDWAYS
CULTURAL FOOD TRADITIONS
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.
Regardless of age and country of origin, the majority of Hispanics are retaining their unique identity and preserving their culture.

- Nielsen
Gracias

For more information:

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A Taste of Latin American Heritage