“Sal, Namaka, Páakai, Asin, Ashiih: Respecting Traditions & Cultures As We Educate”

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Stealth Health: Reducing the Sodium in Food and Diet
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Learning Objectives
Participants will be able to:
1. State the changing demographics in the state of Texas;
2. Show cultural competence and literacy when providing nutrition education to individuals, groups, and communities; and
3. Counsel clients and patients of various ethnicities in decreasing the sodium content of their diets while respecting their cultural food practices.

US Department of Health and Human Services, Office of Minority Health

“Culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse patients. By tailoring services to an individual’s culture and language preference, health professionals can help bring about positive health outcomes for diverse populations."

Other resources part of the OMH:
Center for Linguistic and Cultural Competency in Health Care
National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care
(The National CLAS Standards)

http://www.choosemyplate.gov

2010 Dietary Guidelines for Americans embraced the need for diversity:

- Myplate icon available in English, Spanish, Chinese, Filipino, Hindi, Japanese, Korean, Urdu, Indonesian, Malay, Pashto, Thai and Vietnamese
- 10 Tips Nutrition Education series is available in Spanish
- Calorie Count Chart for Mixed Dishes includes tacos, burritos, lasagna, spaghetti, stir fries, eggrolls, and sushi
2013 AHA/ACC Guideline of Lifestyle Management to Reduce Cardiovascular Risk

Advise adults who would benefit from LDL-C and BP lowering to:
“...Adapt this dietary pattern to appropriate calorie requirements, personal and cultural food preferences and nutrition therapy for other medical conditions...”

The Academy knows it’s important too...

The January/February issue of Food and Nutrition Magazine began a cultural competency series called “Fares of Faith.”
This will feature “holy days from a variety of religions, their spiritual significance, celebratory foods and tips for practitioners working with these communities.”

Texas is a Majority Minority State

Over 50% of our population is from minorities (NM, DC, HI, & CA):
• 45% White/non-Hispanic White
• 38% Hispanic/Latinos
• 12% African Americans
• 4.3% Asians (India, China, Japan, & Philippines)
• 1% American Indian and Alaskan Native
• 0.1% Native Hawaiian and Pacific Islanders


“...every racial/ethnic group is now a demographic minority. As of 2010, Houston metropolitan area is the most racially/ethnically diverse large metropolitan area in the nation, narrowly surpassing the New York metropolitan area.”
Definition of ‘Culture’

• A set of values, belief systems, attitudes, practices accepted by a community of individuals, (a group)
• Shared patterns may include food habits, language, dress, family structure, beliefs, religion, philosophy, world views
• Reflects a social identity with shared patterns of behavior

What is CULTURAL SENSITIVITY?

“consciousness and understanding of the morals, standards, and principles of a specific culture, society, ethnic group or race, joined by a motivation to acclimate to one's actions with such”

http://psychologydictionary.org/cultural-sensitivity/

How does Culture influence food habits?

• Food selection, storage, preparation, avoidance
• Concept of serving size
• Core foods in a meal
• Seasonings
• Food interactions
• Food classifications
• Order of foods in a meal
• Religious beliefs
• Etiquette – eat all foods or leave some?
• Symbolisms
• Who influences food choices?
• Perception of ‘healthy foods’

And a most important question...

How does the patient/client and their family perceive the RD’s role as a health care provider?
Texas Facts

- CVD and Stroke are the #1 and #3 causes of death, respectively
- 1.5 million Texas adults report they have been diagnosed with CVD or stroke
- 29.8% of adults have HTN
- 60% of adults over age 65 have HTN
- HTN is a factor in 69% of primary MI; 77% of primary strokes and 74% of heart failure diagnosis

In 2009, 74.9% of adults with HTN reported decreasing their use of salt as an action taken to control their blood pressure.

2013 AHA/ACC Guideline of Lifestyle Management to Reduce Cardiovascular Risk

Advise adults who would benefit from BP lowering to:

1. Consume a dietary pattern similar to DASH, the USDA Food Pattern or the AHA diet
2. Lower sodium intake
3. a) Consume no more than 2400 mg of sodium/day
   b) Further reduction of sodium intake to 1500 mg/day is desirable since it is associated with even greater reduction in BP; and
   c) Reduce intake by at least 1000 mg/day since that will lower BP, even if the desired daily sodium intake is not yet achieved

Table Salt
- 1 tsp = 2325 mg Na
- ¼ tsp = 581 mg Na

Kosher Salt
- 1 tsp = 1968 mg Na
- ¼ tsp = 492 mg Na

Cultures Discussed Today

- African American
- Hispanic/Latino
- Japanese/Chinese
- Indian
- Hawaiian
- Native American

Reference Points

Table Salt
- 1 tsp = 2325 mg Na
- ¼ tsp = 581 mg Na

Kosher Salt
- 1 tsp = 1968 mg Na
- ¼ tsp = 492 mg Na
Many Thanks to My Interns!

Chelsea Osborne, Texas A & M
Liz Fusco, University of Houston
Tamren Terhune, Texas A & M

If you are not currently a preceptor or mentor for students, please consider being one!

African American

Staple Foods include:
Cornmeal; BBQ and deep fried meats, poultry, & organ meats; pork; okra; greens; black-eyed peas, rice and peanuts

Seasonings include (1/4 tsp):
Season All: 350 mg
Slap Ya Mama Cajun seasoning: 200 mg
Jerk Seasoning: 105 mg

Hispanic/ Latino

Staple Foods include:
Corn; tortillas; tomatoes; tomatillos; chilies; nopales (cactus); beef; chicken; pork; chorizo; queso fresco

Seasonings include:
Adobo: 174-360mg per ¼ tsp
Fajita: 240mg per ¼ tsp
Tinga de Pollo: 300 mg per tsp
Tacos al Pastor 630mg per tsp

Dinner mixes (a box makes 6 or 8 servings):
• Étouffée: 530 mg
• Gumbo: 730 mg
• Jambalaya: 560 mg
These mixes contain rice and seasonings; just add meat. Seasonings: all contain soup base mixes along with onion, garlic powder; paprika, parsley, cayenne pepper, spices, etc.
**Hispanic/ Latino**

**Main Dish:**
- Barbacoa: 265mg/2 oz (chuck roast)
- Carnitas: 250mg/2 oz (pork shoulder)
- Tamales: 190 (black bean) - 580 (pork, chicken, beef)/ tamale

**Snacks:**
- Sabritones chips (puffed wheat): 610mg/oz
- Rebanaditas (watermelon lollipop): 275mg/piece
- Lucas: 630 mg/ single serving (first ingredient in powder is iodized salt!)

**Indian**

**Based on religion:**
- 80% Hinduism; 13% Islam; and 2% Christianity; others include Sikhism, Buddhism, and Jainism.

**Hinduism is strictly vegetarian:**
- Milk, yogurt, and butter considered innately pure; thought to promote purity of the mind, spirit, and body.
- Fasting on the 18 major Hindu holidays, birthdays, anniversaries of deaths and marriages, Sundays and days associated with various positions of the moon and the planets.

**Seasonings and relishes:**
- Masala: 325-1260mg per Tbsp
- Curry powder: 1240mg per Tbsp
- Chutney spice mix: 200mg per ½ tsp
- Korma Gravy: 330mg per serving
- Papad Chavana: 1369mg per 100 gm (chips)
- Lime pickle relish: 1650mg per 2 Tbsp
- Lime chili pickle relish: 600mg per 2 tsp
- Green seasoning: 598mg per 1 Tbsp
- Chicken Biryani seasoning: 810mg per 1 Tbsp

**Hawaiian**

**Staple foods include:**
- Seafood; pork; chicken; taro; sweet potato; yams; pineapples; bananas; plantains; mangoes; breadfruit; coconut; coconut milk

**Processed foods and seasoning:**
- Corned beef: 827-1438mg per 3 oz
- Spam: 790mg/25% Less Na 580mg per 2 oz
- Soy sauce: 920-1160mg per Tbsp
- Lite soy sauce: 550-575mg per Tbsp

Source: Various food company websites and food labels, Nutritionist Pro; All Recipes; various food labels.
Native American

The standard diet, established in tribal habits at Bosque Redondo (which was in effect a military boarding school for the "Americanization" of the Navajo), consists of mutton, fried bread, vast quantities of coffee with sugar and goat milk. Usually have one-course meals; high poverty leads to low quality food.

- Domesticated animals have replaced the wild game they typically ate.
- Flour and canned goods have replaced the wild plants.
- Corn, squash and beans are staple foods.

Japanese/Chinese

Though different in eating practices and customs, both have rice, fresh veg and seafood/meats as food staples and their seasonings are similar.

Seasonings, Condiments and Foods:
- Miso: 850mg per Tbsp paste
- Fish sauce: 1187-1780mg per Tbsp
- Stir fry sauces (orange, teriyaki, Gen Tso): 500-1000mg per 2 Tbsp
- Pickled ginger: 230mg per Tbsp
- Tamari sauce: 400mg per Tbsp
- Ponzu sauce: 320mg per 2 Tbsp
- Seasoned rice vinegar: 230mg per Tbsp
- Udon noodles: 530mg per 4 oz (considered a serving)
- Tofu: 10-560mg per 3.5 oz

Nagano, Japan: Proof Lowering Na Intake Really Works!

- An area with long harsh winters; limited land for cultivation; no immediate access to fresh fish/seafood that makes up much of the traditional diet
- High rates of stroke (#1 in the country in 1981), heart attack, and cerebral aneurysm, particularly in men
- Housewives preserved all homegrown produce to get them through the winter, a dish called tsukemono, most with secret recipes, but all included large amounts of salt
- One survey showed in 1981 average intake of 15.1 gm of salt or >6000 mg Na daily
- A campaign was begun to reduce salt intake
- Miso soup, eaten 3 times daily, became the prime target of intervention

Nagano, Japan: Proof Lowering Na Intake Really Works!

- HTN and related illnesses declined afterwards
- Seminars and clinics at supermarkets, shopping malls and community centers are hosted by 4500 volunteers
- Regular home visits to measure salt in daily meals and provide dietary recommendations are still done
- By 1990 life expectancy increased 3 yrs for men and 3.5 yrs for women; by 2010 they topped all of Japan
- Nagano per capita health care costs in 2009 were $2488 per person; in the US $8466 (World Bank) for the same time period.
- A vigorous lifestyle: more than 100 walking routes in Matsumoto. People are seen walking all year long.
- Japanese officials also urge people to postpone retirement or have second careers!
So how do we help our clients/patients begin to decrease the Na in their diets while maintaining their cultural food preferences?

Here are my suggestions:

• Ask questions, questions, questions!
• Have them bring in favorite recipes, spices, seasonings, and sauces.
• Show them how to make some of the spice mixtures or sauces from scratch or find lower Na alternatives.
• Discuss food substitutions to make in favorite recipes.
• If changing the recipe isn’t possible, perhaps they can eat a smaller portion.
• Provide them with a list of resources such as cookbooks, shops, and websites where healthier recipes and food items can be found.

Academy Resources:

• Practice Tips: Cultural Competence Resources (FREE to members) https://www.eatright.org/Shop/Product.aspx?id=6442474265
  This is a list of resources from the Academy, US Dept of Health and Human Services Office of Minority Health and Health Disparities, CDC, IOM, and others
• Cultural Competency Resources http://www.eatright.org/Members/content.aspx?id=11334
  This is an extensive list of Academy tip sheets and online resources from various professional websites.
• Cultural Food Practices. Diabetes Care and Education Dietetic Practice Group Editors: Cynthia M. Goody, PhD, MBA, RD and Lorena Drago, MS, RD, CDN, CDE
  This comprehensive practical guide provides information on food practices for 15 cultures. COR with client educational handouts provided. https://www.eatright.org/shop/product.aspx?id=11030

Cookbooks