

## Promoting Healthy Eating in a Culturally and Ethnically Diverse Population

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One of the biggest challenges faced by patients and diabetes educators is answering the question, "What should I eat?" In an effort to control their blood sugar levels and manage their diabetes control, patients may try a multitude of extreme diets. In the process, they frequently become so overwhelmed by making food choices that it becomes difficult for them to be open to advice from diabetes educators.

Since 2008, dietitians and diabetes educators at the Institute for Family Health, a network of 17 federally qualified health centers across New York City and the Mid-Hudson region of New York State, have been using the Healthy Plate Planner as part of their teaching collection. This hand-out was adapted from the Idaho Plate Method by the New York City Department of Health and Mental Hygiene to teach nutrition to patients with diabetes. However, our educators quickly realized the limitations of this tool. The ethnic diversity and variety of literacy levels among patients across the Institute's sites were too great to be served by a "one size fits all" approach to nutrition teaching.

Patients from different ethnic backgrounds stated that the plates looked "foreign" to them because they did not find their customary foods represented. It was observed that patients from the Caribbean often eat root vegetables, particularly for breakfast. These patients erroneously believed that root vegetables were considered vegetables, and that they do not raise blood sugar levels. Similarly, patients from West Africa eat a dish called fufu made from cassava flour, plantain flour, or a mixture of both. Fufu is usually eaten with stews and soups in a large portion resembling a ball. Because the plate lacked familiar food choices, many patients were unable to adopt and follow the healthy plate method.

The diabetes educators at the Institute subsequently created culturally-specific healthy plate teaching tools. The main goal was to incorporate typical ethnic foods to demonstrate that these can be part of a healthy diet when eaten in the appropriate amounts. Our theory was that, by demonstrating how to eat customary foods, patients would feel more comfortable following the healthy plate method.

In May 2011, we finalized the first of five culturally appropriate healthy plates, beginning with a Healthy Dominican and Puerto Rican plate hand-out. This colorful teaching tool incorporates the Stop Light<sup>1</sup> diet tier system (Green = "Go Foods", Yellow = "Slow Down Foods", Red "Stop/Use sparingly Foods"). One side of the page presents a nine-inch plate with appropriately portioned elements of a typical Dominican/Puerto Rican meal. One-fourth of the plate consists of a root vegetable (yuca), one-fourth consists of stewed beef, and one-half is filled with vegetables typically served in Caribbean restaurants.

The reverse side of the teaching tool places typical food options into nutritional categories of starch, fruit, dairy, protein or vegetable. It also groups foods by meal, with suggested serving sizes and labels them in the easily understood green, yellow, red format. It highlights

starchy foods which are commonly eaten by people from the Dominican Republic, such as plantains and casaba (a thin bread made from cassava), which are often overlooked as having an impact on blood sugar levels. The tool also points out that fruits are considered a "yellow" food, and should be eaten cautiously because they, too, affect blood sugar.

Educator tips to using the Institute's culturally appropriate Healthy Plate tool:

- 1 Point out the size of the plate.
- 2 Review proportions on the life-sized plate.
- 3 Indicate where patient's favorite foods fit in the plate.
- 4 Ask patient to identify foods typically eaten at different meals.
- 5 Use the measuring cups to demonstrate appropriate portions of favorite foods.
- 6 Teach what food group and which color category patient's favorite foods belong.
- 7 Explain how customary foods impact blood sugar levels.
- 8 Make sure patients with diabetes are testing 1-2 hours post meal when the blood glucose levels are the highest, so as to make the connection with the effects that food has on blood sugar levels.
- 9 At a follow-up visit have patient bring log book of blood glucose levels and diary of food intake.
- 10 Allow the patient to make the connection between blood glucose levels and the amount of food consumed.

For more information go to: [www.institute2000.org/plates](http://www.institute2000.org/plates)

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<sup>1</sup>Stop Light Diet for Overweight Children. State University of New York, University at Buffalo, School of Medicine and Biomedical Sciences. [http://medicine.buffalo.edu/research/research\\_highlights/stop\\_light\\_diet.html](http://medicine.buffalo.edu/research/research_highlights/stop_light_diet.html). Accessed July 22, 2011. ■

