



HISPANIC HERITAGE MONTH **WEBINAR**

Cardiometabolic Health Disparities in Hispanic Americans:

Data, Perspectives, and the Role of Nutrition in Improving Outcomes

VIRTUAL LIVE
COMPLIMENTARY WEBINAR
MONDAY OCTOBER 11, 2021
12:00 - 1:00 PM ET



SPEAKERS: **Veronica Vital, Ph.D., RN**
Clinical Assistant Professor, Nursing
University of Arizona College of Nursing
President-Elect of National Association of Hispanic Nurses

Alexandra Salcedo, RDN
UC San Diego Health,
San Diego, California

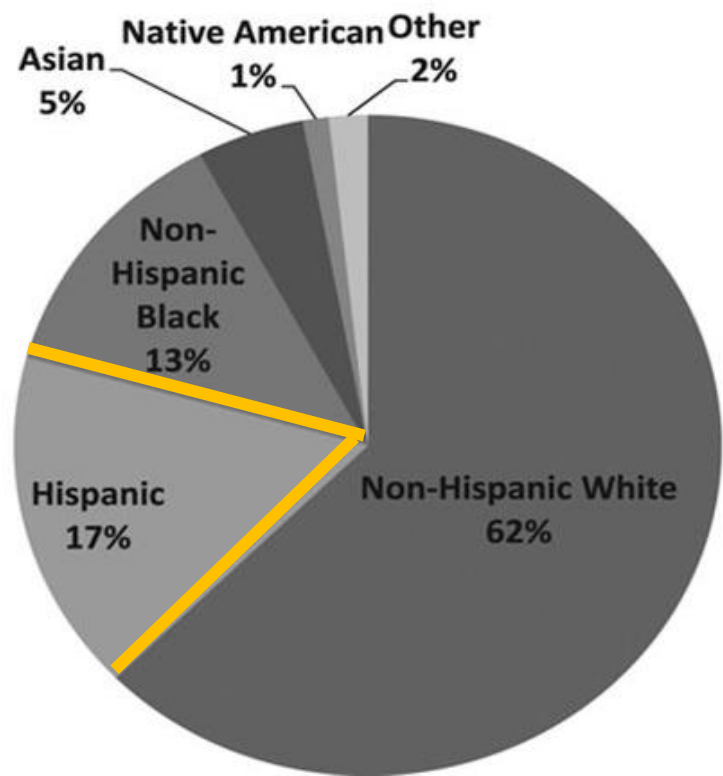
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Hispanic Heritage Month

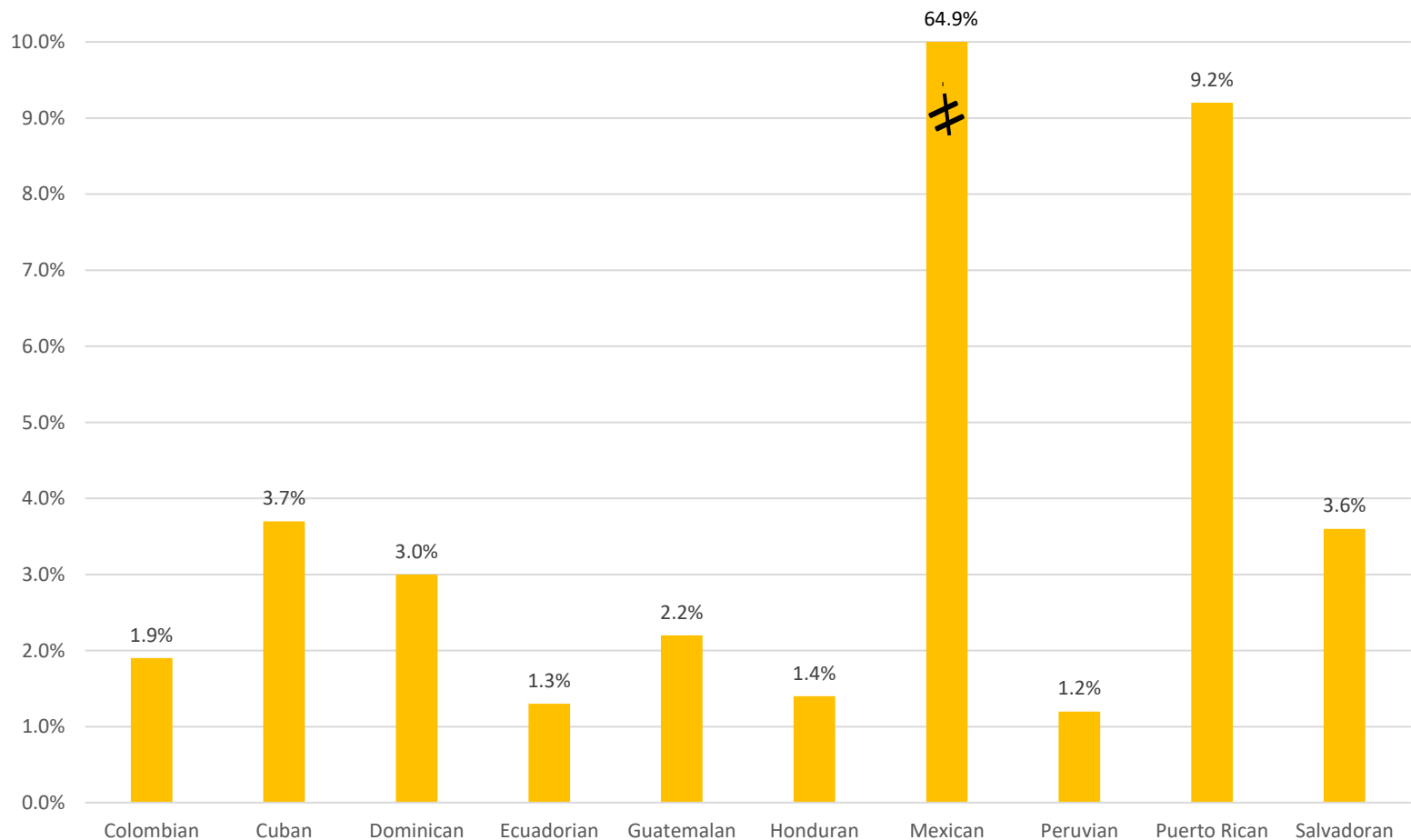
September 15-October 15

Hispanics in the US



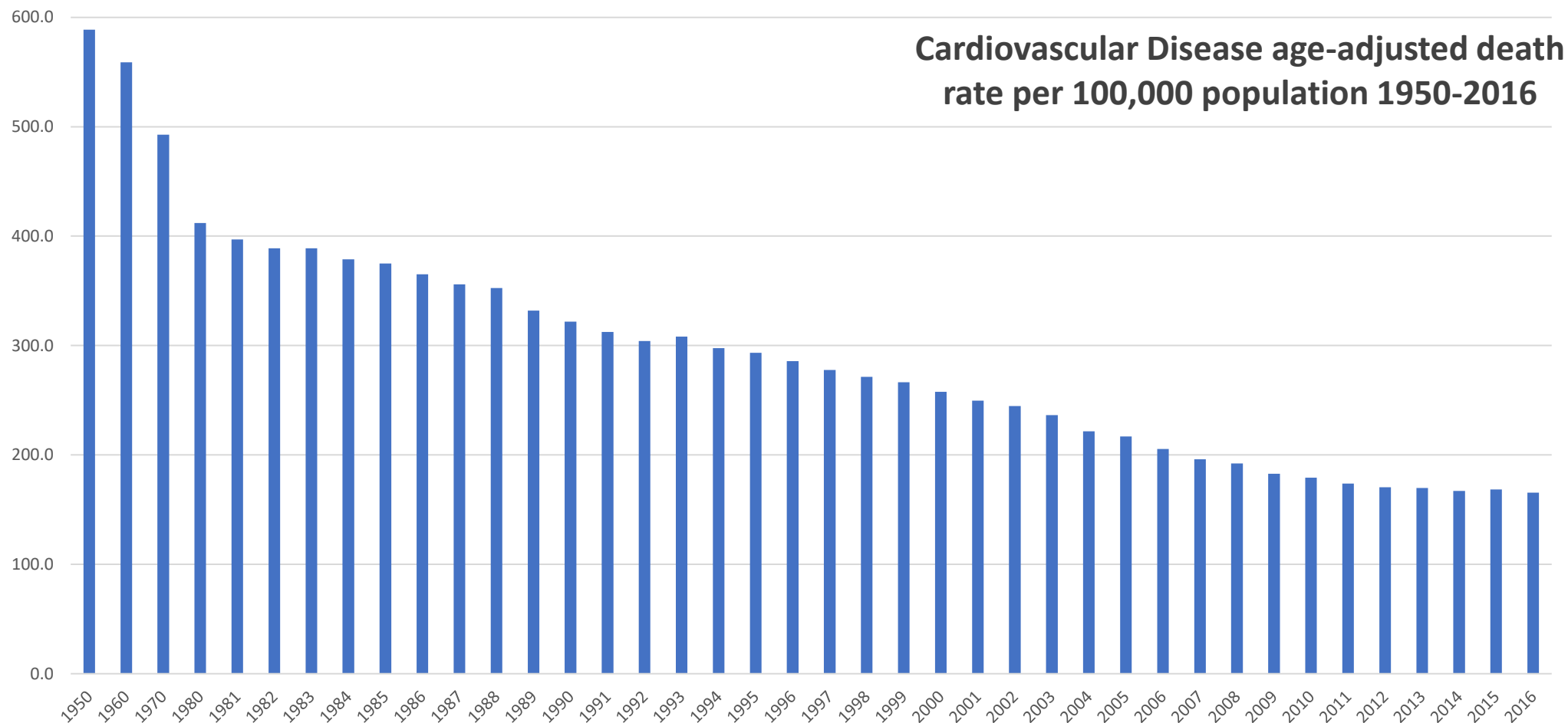
US population by race and ethnicity

US Hispanic subgroups



Cardiometabolic health and disease risk factors in Hispanic/Latinos

CVD mortality was on the decline



TOP DISEASES and RISK FACTORS for HISPANICS



SOURCES: National Health Interview Survey, 2009-2013, National Health and Nutrition Examination Survey, 2009-2012.

Hispanics are more likely to have Type 2 diabetes



17%

This infographic consists of a large yellow circle containing the text '17%'. Below the circle, the text 'of Hispanics have T2D' is written in black.

of Hispanics
have T2D



8%

This infographic consists of a large yellow circle containing the text '8%'. Below the circle, the text 'of NHW have T2D' is written in black.

of NHW
have T2D

Acculturation

The process of adaptation to a new culture as assessed by the integration into the new country's cultural values, behaviors, beliefs, and attitudes, **likely influences cardiovascular risk factors.**

Risk factors of cardiometabolic disease in Hispanics/Latinos

Uninsured

3x

Hispanics are 3x as likely to be uninsured as NHW

Race/ethnicity

2x

Mexicans and Puerto Ricans are 2x as likely to die from diabetes as NHW

Smoking

24%

NHWs smoke

14%

of all Hispanics smoke

26%

of Puerto Rican males smoke

22%

of Cuban males smoke

SDOH

1 in 3 has not completed HS
1 in 4 live below the poverty line
1 in 3 does not speak English well

High blood pressure

Hispanic women with high blood pressure are twice as likely as Hispanic men to get it under control.

What about the risk factor of diet?

- Diet and nutrition are culturally bound.
- Healthy diets are essential to the promotion of CVH and prevention of cardio and metabolic illnesses.
- Each Hispanic subgroup has its own distinct nutritional habits and key dishes from its country of origin, based on customs and traditional foods that are readily available in its geographic area.



The NMC Alliance is an organization committed to eliminating minority cardiovascular health disparities among **Black/African Americans, Hispanic/Latinos, Asian/Pacific Islanders, and Native Americans.**

Our work considers the influence of **culture, genetics,** and the **social determinants of health** on cardiovascular health.

Master Class on Dyslipidemia

Program Objectives

Optimize
communication
between providers and
minority patients with
dyslipidemia



Enhance treatment
and improve health
outcomes

Program Design

Interviews with
clinicians/fellows
focused on barriers to
dyslipidemia
treatment adherence
for minority patients



Focus group
discussions with
minority patients to
understand patient
perspectives

Master Class on Dyslipidemia: Objectives

- Understanding barriers to treatment of dyslipidemia for minority patients, both from the provider and patient perspective
- Understanding the influence of culture on aspects of cardiovascular health
- Assessing barriers in communicating about the condition and need for treatment
- Understanding tactics and tools that might support stronger, more effective communication
- Developing and launching a training program to provide the information and strategies required to optimize communication with minority patients to support treatment of dyslipidemia

To view our Master Class on Dyslipidemia, visit our website:
www.makewellknown.org

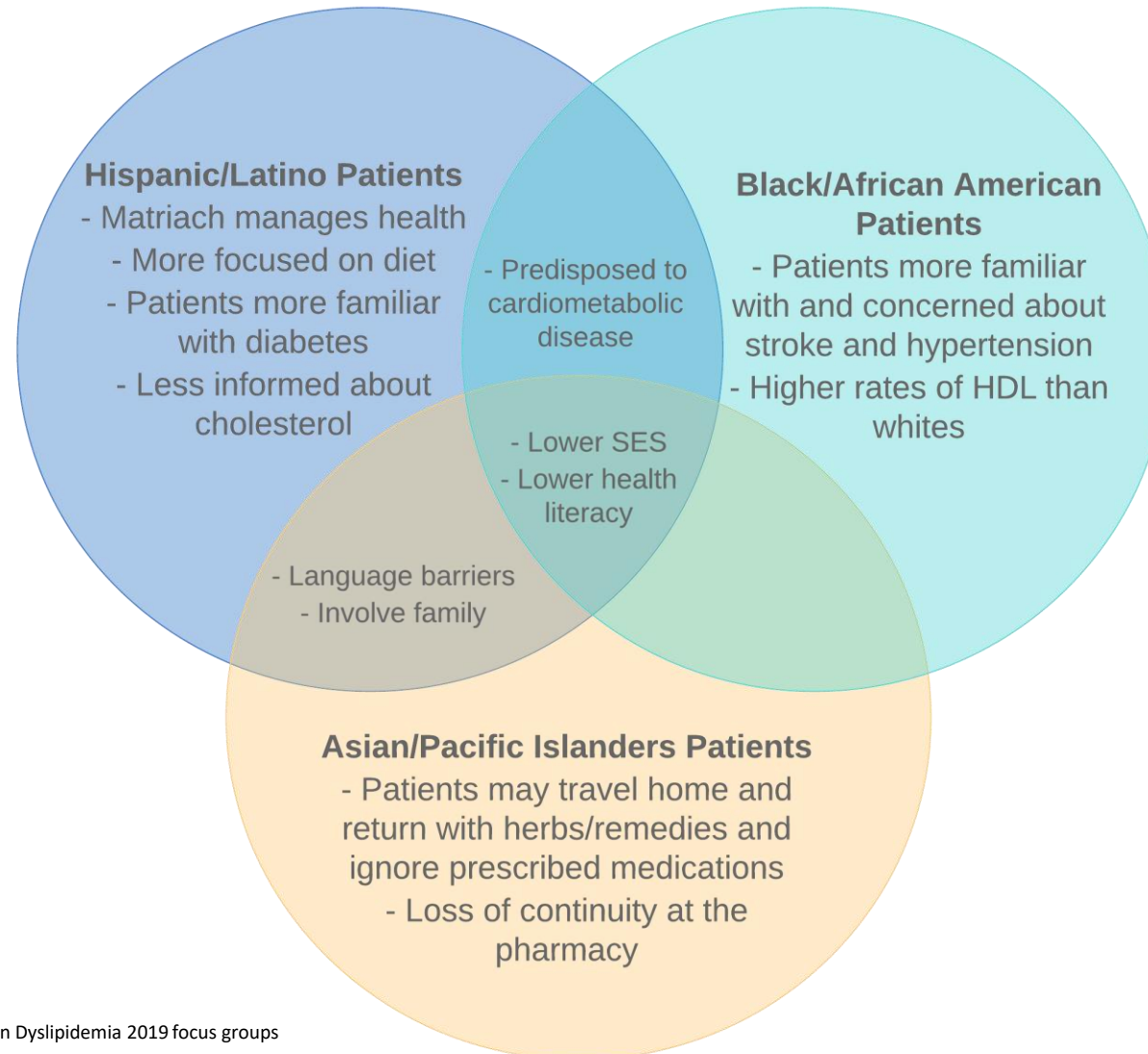
Master Class on Dyslipidemia: Findings

- Many patients do not want to be on a lifelong medication. Often try to address cardiometabolic issues with diet, exercise, or home remedies such as fish oil, tea with cinnamon/lemon/turmeric, flax seed, apple cider vinegar, etc.
- Patients reported paying more attention to conditions that they “feel”, for example feeling the headaches associated with high blood pressure, the shakes associated with sugar control, but not necessarily lipid issues because the physical indications of an issue are less apparent.

“In our culture we eat and we eat. Then we grow up and we don’t know how to deal with our health issues. We need to educate our kids so they can end the problem. My culture uses foods for celebrations.” – Mexican American male

“My doctor in Brazil told me cholesterol was good for my body and I don’t need medication, but I came back to the USA and they told me it was bad. Who should I believe?” – Brazilian American woman

Master Class on Dyslipidemia: Findings



Source: NMC Alliance's Master Class on Dyslipidemia 2019 focus groups

References

Carlos J. Rodriguez. Circulation. Status of Cardiovascular Disease and Stroke in Hispanics/Latinos in the United States, Volume: 130, Issue: 7, Pages: 593-625, DOI: (10.1161/CIR.0000000000000071)

Centers for Disease Control and Prevention. Table 17 (page 1 of 4). Age-adjusted death rates for selected causes of death, by sex, race, and Hispanic origin: United States, selected years 1950–2015.

<https://www.cdc.gov/nchs/data/hus/2016/017.pdf>

Hispanic/Latino Americans and Type 2 Diabetes. <https://www.cdc.gov/diabetes/library/features/hispanic-diabetes.html>

Vital Statistics Online Data Portal. https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm

Vital Signs: Hispanic Health: <https://www.cdc.gov/vitalsigns/hispanic-health/index.html>



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Objectives

- Identify social factors that affect health
- Review the components of a nutritional assessment
- Review components to consider based on ethnic and culture needs when providing nutrition education
- Adapt plate-method to consider needs and cultural sensitivities
- Discuss the importance of food procurement, cooking methods, health beliefs, and complementary alternative medicine
- List national food resources for low socioeconomic status



HISPANIC HERITAGE MONTH WEBINAR

Social Factors that Affect Health



Childhood experiences



Housing



Education



Social support



Family income



Employment



Our communities



Access to health services

Identify target population

What ethnic populations are you providing care?

- First generation? Second generation?
- Be knowledgeable of current events in your state
 - Immigration reforms
 - Political refugees

Social barriers

- Housing situation
 - Live alone, 5-10 people in one household
 - House, apartment complex, room
 - Live in a safe or dangerous community

Social Support

- Family/loved one present in counseling session
- Only use their loved one as translator as a last resource
- Patient's role in family dynamic
 - Patriarch vs Matriach family model



Components of Nutritional Assessment

Clinical Data

- Anthropometrics
- PMH
- DM hx, family hx
- Medications, labs

Psychosocial history

- Assess learning needs/abilities, education level
- Language & cultural background
 - English language proficiency
- Living situation, family support
- Financial/employment status
- Daily schedule

Lifestyle

- Exercise
- Sleep
- Stress

Dietary history

- Usual food intake & pattern
- Food allergies/intolerances
- Vitamin/minerals use
- Use of natural remedies
- Health, folk customs, and beliefs

Nutrition Education

3-day food diary recall prior to visit

- Take pictures with phone if unable to write
- Helps identify meal timing, typical foods, serving sizes

Assess numeral, health, reading and writing literacy





















































Language preferred to receive education

- Written, pictographs, videos
- Interpreter
 - Spanish: Spain, Chile, Mexico, Argentina, Venezuela and other Spanish speaking countries
 - Foods named differently ex strawberry= fresa, frutilla

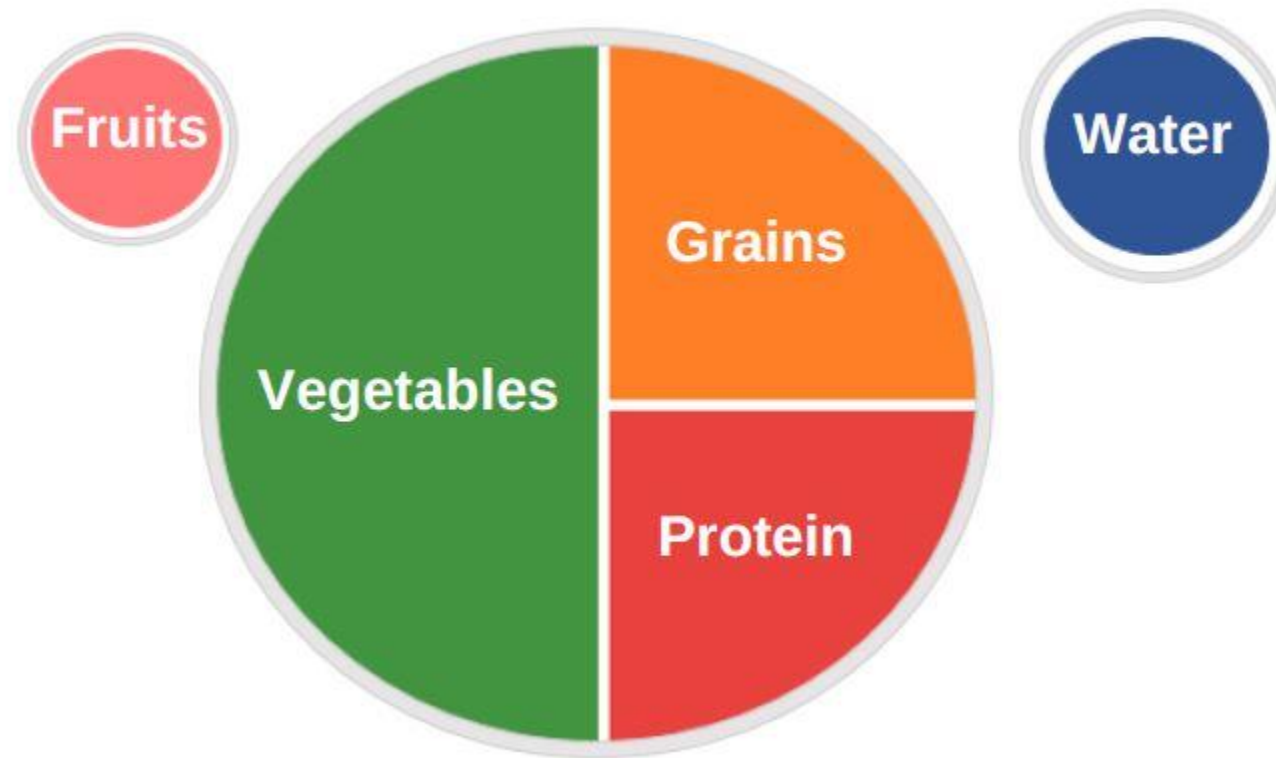
Assess Learning style

Telehealth and COVID learning barriers

● =Carbohidratos

● LECHE	● ALMIDONES	● FRUTAS	VEGETALES
Una porción = 15g carbohidratos en total Lea la etiqueta.	Una porción = 15g carbohidratos en total Lea la etiqueta.	Una porción = 15g carbohidratos en total	Una porción = 5g carbohidratos en total Lea la etiqueta.
 Leche descremada (fat-free), 1% 1 taza (8 oz.) 	 Arroz cocido, 1/3 taza 	 Arándano 3/4 taza 	 Apio
 Leche Evaporada 1 taza (8 oz.) 	 Avena no-instantaneo cocido, ½ taza 	 eresas esca, 12 grande	 Berenjena
 Yogurt, sin sabor o natural descremado (fat-free or lowfat) sin azúcar añadida 3/4 taza 	 Bolillo integral, 1 chico	 Chabacano/ Albaricoque fresco, 4 entero	 Betabel Remolacha
	 Calabaza cocida, 1 taza 	 Ciruela fresca, 2 chica	 Calabacita
	 Camote/Batata/ PapaDulce cocido, ½ taza 	 Ciruela Pasa 3	 Cebolla
	 Chicharos/Guisantes/ Arveja/ Petipuas cocido, ½ taza 	 Durazno 1 mediano	 Ü Coles de Bruselas
	 Elote/Maíz, granos ½ taza 	 Fresas Entera, 1 1/4 taza 	 Ü Coliflor
	 Elote/Mazorca, entero, ½ grande	 * Kiwi 1 grande	 Ejotes/Habichuelas
	 Frijoles cocido, ½ taza 	 * Mandarina 2 chicas	 Jicama ½ cup 
		 * pMango ½ taza	 Ü Jugo de Vegetal ½ cup 
		 Manzana 1 chica	 Nabo
		 p Melón 1 taza 	 Nopales
			 Pepino

Keep it simple: Plate Method

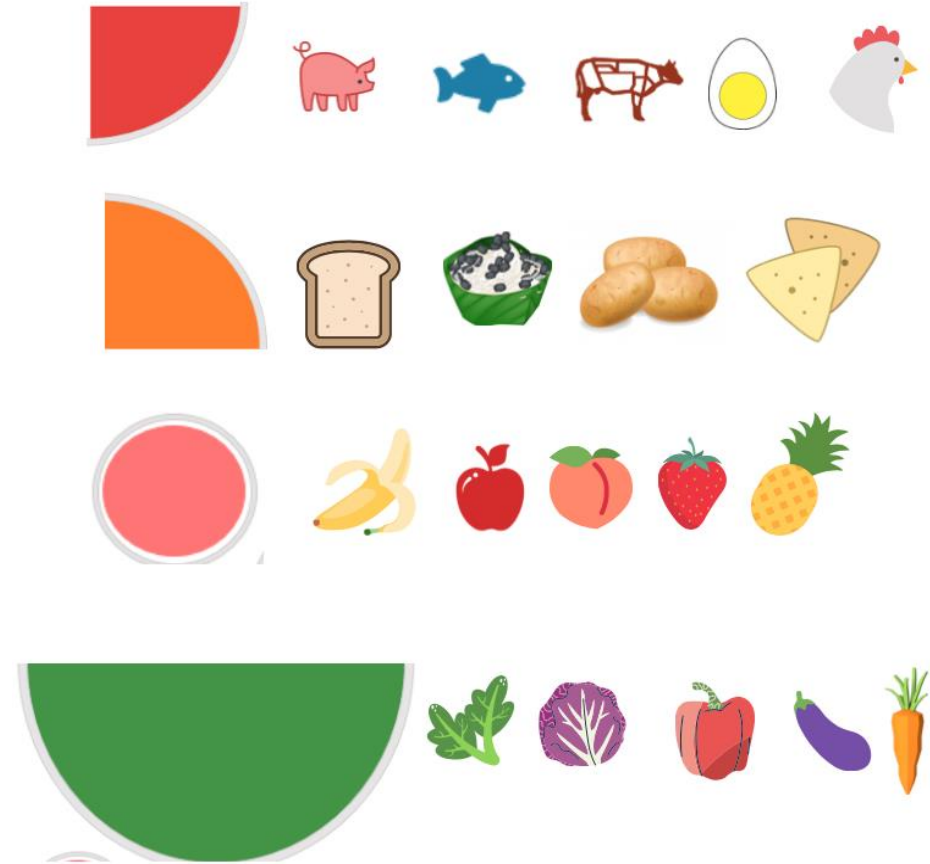


Low Literacy Plate-Method Example

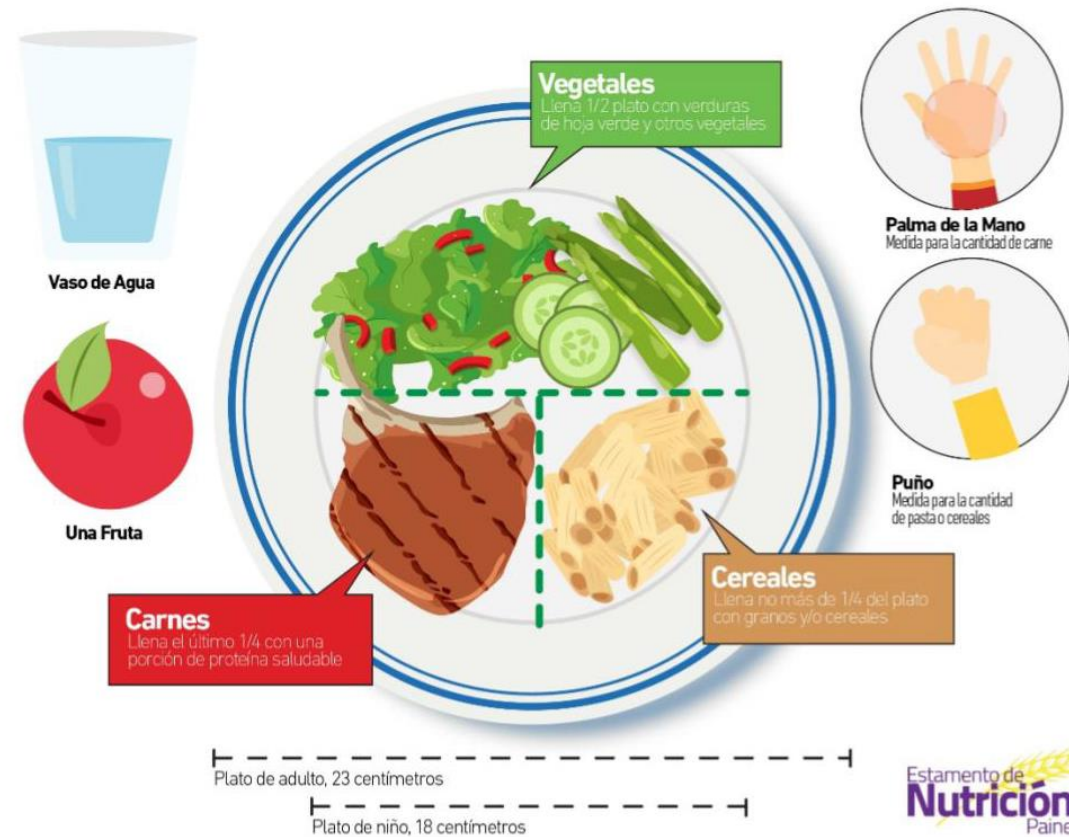
Use plate-method and add pictures of most consumed foods

Poor vision- enlarge images

Personalize images



Translated Plate-Method



Estamento de
Nutrición
Paine

Maize

Mayans, Olmec, Aztec, and Inca's all have gods and legends that involve corn and to this day in Mayan culture, corn is associated with life.

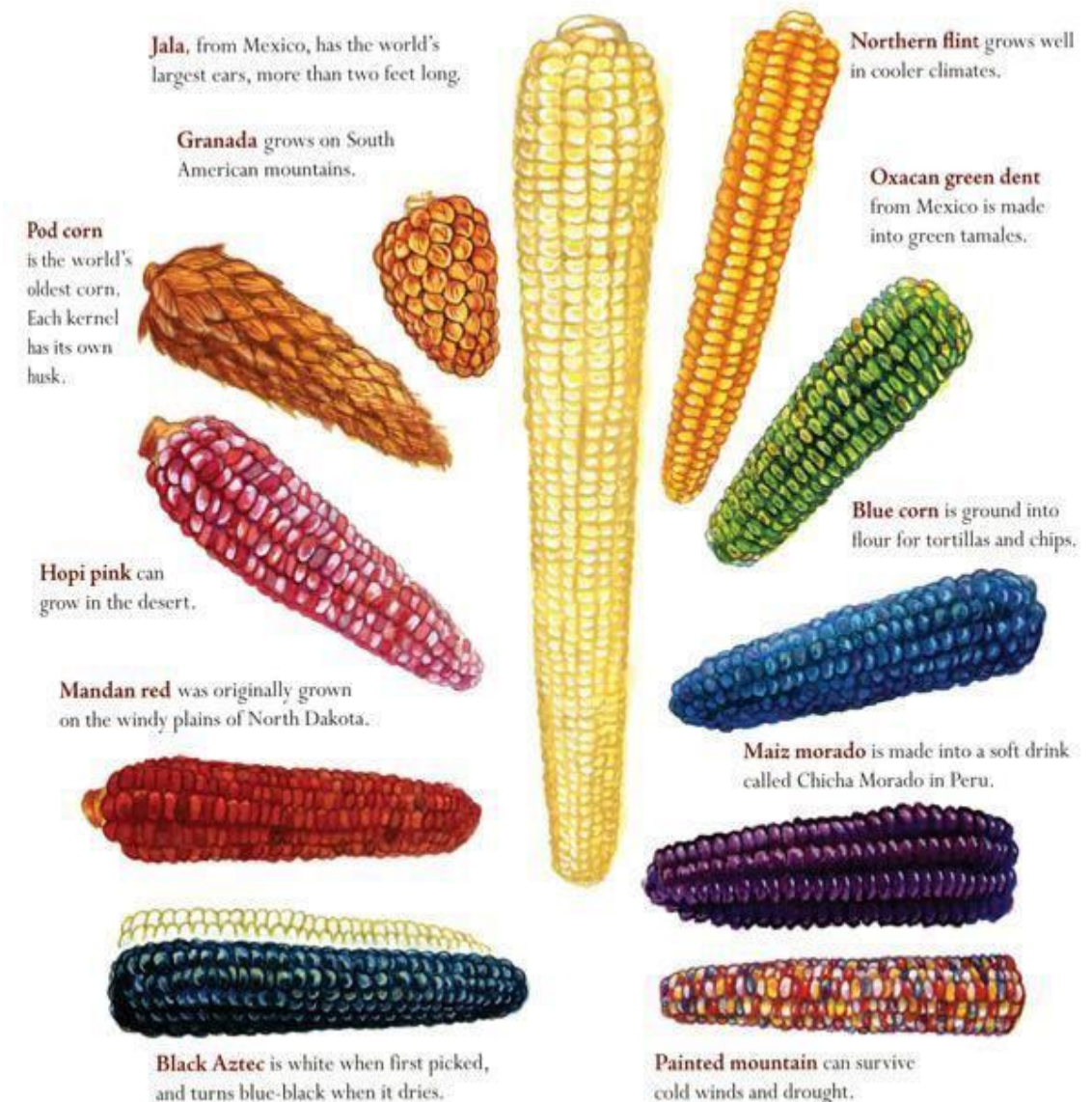
Governments in Mexico, Peru, Ecuador, and Costa Rica have rejected the use of GMO and requests from Monsanto to plant their seeds in these countries.

Varieties of indigenous corn throughout Latin America:

- Mexico has 59 varieties
- Peru has 55 varieties
- United States has under 10 varieties

Foods with corn:

- Arepas- Typical food from Colombia and Venezuela
- Tortillas - Unleavened flatbread made from nixtamalized maize
- Tamales- dish of nixtamalized maize that is ground, wrapped in a corn husk/banana leaves, and steamed
- Chicha Morada- Peruvian fermented beverage made with purple corn
- Atole-Corn meal drink from Mexico
- Cachapa- Corn pancake from Venezuela
- Cancha- Corn nuts found in Peru



Basic Carbohydrate Counting: Money Talks

Teach carbohydrate counting to patients by using currency and store analogy.

Example: Patient has \$0.60 cents to spend in supermarket referring to 60 grams of carbohydrates per meal

- Free items: Proteins, non-starchy vegetables, spices, fats
- All other items (grains, dairy, starches, fruits) will be \$0.15 cents per portion
 - Use food guide with portion sizes
 - Use 3-day food diary as an example

If there are unfamiliar foods the patient consumes, do not be afraid to look the item on the internet.

- Build rapport
- Relate back to plate-model example





Supermarket Example and Educational Handout


● =Carbohidratos

● LECHE

Una porción = 15g carbohidratos en total
Lea la etiqueta.



 **Leche**
descremada (fat-free),
1%
1 taza
(8 oz.) 



 **Leche Evaporada**
1 taza
(8 oz.) 

 **Yogurt, sin sabor o natural**
descremado (fat-free or lowfat)
sin azúcar añadida
3/4 taza
(6 oz.) 



● ALMIDONES



Una porción = 15g carbohidratos en total
Lea la etiqueta.



 **Arroz**
cocido, 1/3 taza 

 **Avena**
no-instantaneo
cocido, 1/2 taza 

 **Bolillo**
integral, 1 chico



 **Calabaza**
cocida, 1 taza 

 **Camote/Batata/ Papa Dulce**
cocido, 1/2 taza 

 **Chícharos/Guisantes/ Arveja/ Petipuas**
cocido, 1/2 taza 

 **Elote/Maíz, granos**
1/2 taza 


 **Elote/Mazorca, entero, 1/2 grande**


 **Frijoles**
cocido, 1/2 taza 

● FRUTAS

Una porción = 15g carbohidratos en total

 **Arándano**
3/4 taza 

 **erezas**
esca, 12 grande

 **Chabacano/ Albaricoque**
fresco, 4 entero

 **Ciruela**
fresca, 2 chica

 **Ciruela Pasa**
3

 **Durazno**
1 mediano

 **Fresas**
Entera, 1 1/4 taza 

 *** Kiwi**
1 grande

 *** Mandarina**
2 chicas

 ***p Mango**
1/2 taza

 **Manzana**
1 chica

 **p Melón**
1 taza 

VEGETALES

Una porción = 5g carbohidratos en total
Lea la etiqueta.

 **Apio**

 **Berenjena**

 **Betabel**

 **Remolacha**

 **Calabacita**

 **Cebolla**

 **Ü Coles de Bruselas**


 **Ü Coliflor**

 **Ejotes/Habichuelas**

 **Jicama**
1/2 cup

 **Ü Jugo de Vegetal**
1/2 cup

 **Nabo**

 **Nopales**

 **Pepino**

Food Procurement

Where do your patient's shop for food?

- Ethnic specialty stores
- Farmer's markets
- Local Food Banks

Visit the markets your patient's shop

Living in a food desert impacts access to fresh and affordable foods

Search a nutrition label of a food consumed by your patient.

- Relate the education back to their 24 hour recall/3 day food diary

Nutrition Facts	
Serving Size 1 cup (4 oz)	
Serving Per Container 3	
Amount Per Serving	
Calories 75 Calories from Fat 27	
	% Daily Value*
Total Fat 3 g	5%
Saturated Fat 0 g	0%
Cholesterol 0 mg	0%
Sodium 300 mg	4%
Total Carbohydrate 10 g	3%
Dietary Fiber 5 g	20%
Sugars 3 g	
Protein 2 g	
Vitamin A 80% - Vitamin C 60% - Calcium 4% - Iron 4%	
* Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:	
	Calories: 2,000 2,500
Total Fat	Less than 65g 80g
Sat Fat	Less than 20g 25g
Cholesterol	Less than 300mg 300mg
Sodium	Less than 2,400mg 2,400mg
Total Carbohydrate	300g 375g
Dietary Fiber	25g 30g
Calories per gram:	
Fat 9 • Carbohydrate 4 • Protein 4	

The serving size for the food is 1 cup.

There are 3 servings or 3 cups in this container.

The total carbohydrate tells how many grams of carbohydrate are in 1 serving.

Sugar is already included in the total carbohydrate amount. This value shows the amount of natural or added sugar.

UCSF counting carbohydrates

Cooking Methods

Cooking Methods:

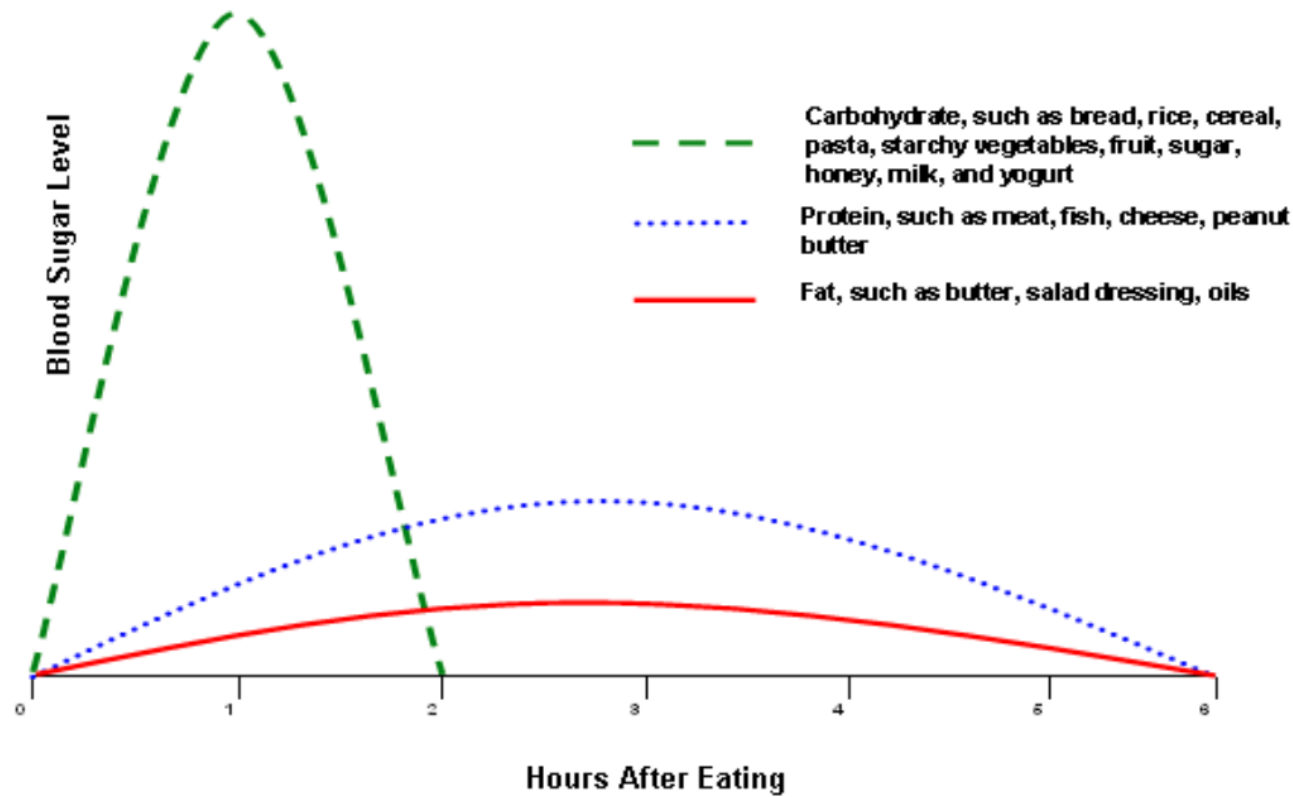
- Steam
- Grilled
- Baked
- Roasted
- Stir fry
- Air fried
- Poached



Seasonings:

- Salt Substitutes
 - Mrs. Dash
 - Seasoning blends
- Fresh Herbs
- Dried Herbs

Explain the Science behind your Recommendations



Health Beliefs and Complementary and Alternative Medicine

Health beliefs

- Shakes/Smoothies with herbs to treat disease
- Belief that sour foods do not raise blood sugar in the Latino population

Complementary Alternative Medicine (CAM)

- Acupuncture
- Reiki/Healing touch
- Massage Therapy
- Shaman rituals



Herbal and Botanical Beliefs

- Inquire about intake of herbal supplements, shakes, tea, or any other botanicals
- Food and drug interactions
- Stress the importance of adhering to medication regimen
- Complement health beliefs with western medicine, when able

Herbs/Botanicals	Claims and Uses	Side Effects
Aloe	Promotes wound healing, lowers blood glucose	Gastrointestinal issues, uterine contractions, premature labor, acute hepatitis, thyroid dysfunctions
Oats	Lowers blood glucose, cholesterol, and antilipidemic	Diarrhea, gas, bloating
Cinnamon	Lowers blood glucose	Increased heart rate, increased GI motility, flushing, may result in increased bleeding if combined with anticoagulants
Nopal	Lowers blood glucose	Bloating, diarrhea, nausea
Flaxseed	Lowers blood glucose, anticholesteremic	Nausea, vomiting, diarrhea, bleeding if combined with warfarin
Turmeric	Lowers blood glucose	Decrease effectiveness if immunosuppressants, increased risk of bleeding with NSAIDs use
Garlic	Lowers blood glucose, treats hypertension, antilipidemic	Burning sensation in the mouth or stomach, heartburn, gas, nausea, may result in increased bleeding if combined with anticoagulants

Religion/Spiritual Beliefs, Holidays, Celebrations, and Special Festivities

- Special customs and dietary considerations
 - Day of the Dead (November)
 - Christmas Eve and Christmas Day (December)
 - Three Kings Day (January)
 - Candelaria (February)
 - Easter
 - Advent
 - Observe no meat on Fridays

Access to Nutritious Foods for Low-Income Patients

- Fixed income
 - a. Social Security Income
 - b. Homelessness
- Direct patient to local resources
 - Local Food banks
 - Neighborhood Program
 - Senior Food Program
 - Super Pantry Program
 - Meals on Wheels for seniors
- Refer to clinic Social Worker
- Religious organizations and community food pantries

National food resources

- Saint Vincent De Paul
- USDA Nutrition Assistance Programs
 - The Emergency Food Assistance Program
 - Commodity Supplemental Food Program
 - Supplemental Nutrition Assistance Program (SNAP) also known as Food Stamps
 - Farmers Markets
 - Women's Infants and Children (WIC)
 - Senior Farmers' Market Nutrition Program (SFMNP)
 - Feeding America

Progress not Perfection



Strategies to Create a Culturally Sensitive Learning Environment

Keep the visit patient-centered

Increase confidence and trust between patient and provider

Avoid making assumptions

Provide translated medical handouts and patient forms

Complement botanical and non-botanical products with Western medicine when safe

Allow extra visit time for patients with limited English proficiency

Assess financial burden and tailor nutritional approach based on the patient's needs



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