

NUTRITION

For dietitians, ‘inclusive wellness’ a must

One-size-fits-all practices miss mark on needs of diverse population, cultures

By Cara Rosenbloom
Special to The Washington Post

Imagine this scenario: A 72-year-old Colombian-born woman living in Washington attends a diabetes education class at a hospital. She’s given an English-language diabetes meal plan to follow, which includes foods she’s never tried before, such as kale, edamame and flaxseed. Spanish is her first language, which makes the English advice difficult to understand. Because this nutrition plan doesn’t take her culture, language or food preferences into account, it’s not likely to be successful for her.

Sadly, it’s common practice for patients to receive one-size-fits-all nutrition information. The content is usually Eurocentric, with resources featuring “healthy” foods and visual images of slim, fit white people. Because 76% of U.S. dieti-

tians identify as white, it’s not surprising that nutrition advice has this tone. But in the 2010 census, only 60% of the U.S. population identified as “white alone, not Hispanic or Latino,” so there’s a gap.

Despite this blind spot in patient care, there are also many innovative, culturally sensitive dietitians offering individualized advice based on their clients’ needs. I spoke with five of them, each of whom explained how they offer nutritional guidance to clients who aren’t from the majority culture.

Though these dietitians see clients from different cultural backgrounds, their approach is strikingly similar: All said that their job is to listen to the clients’ preferences, never make assumptions and meet their clients’ personal needs.

“People come from diverse

backgrounds, and starting a diet that doesn’t mesh with one’s culture ends up being a short-term solution that can make people feel restricted,” says Nazima Qureshi, a Toronto-based dietitian who works with South Asian and Middle Eastern Muslim women. “It almost puts shame on their own cultural foods, because they feel like they have to give up foods they love just so they can be healthy.”

Jessica Jones, a dietitian who practices “inclusive wellness” with a multicultural population in San Francisco, agrees. “Someone from a different ethnic background needs to be able to pursue wellness in a way that works for them,” she says. “Sometimes the dominant wellness ideal can strip that from people and make them feel like they must have one exact smoothie or grain bowl, which may not include any healthy foods from their own culture.”

These dietitians all said they take the time to shop for, prepare and eat the ingredients their clients talk about so that they can

tweak recipes and make some traditional foods a bit healthier. Bronx-based dietitian Sandra Arévalo sees mostly Latino and African American clients and says, “I take the time to go to different supermarkets and restaurants and try different foods so I’m well-educated about what my clients eat.”

Arévalo also says her clients don’t identify with the images they see in health marketing, so she creates her own custom resources, complete with culturally appropriate recipes and photos. “It takes hours for me to find photos of ethnic families in image searches, but it’s important to do,” Arévalo says. “People look at the picture before they read. If my clients see a picture they don’t identify with, they won’t read the resource.”

Speaking a common language is another way to ably care for patients. Hazel Ng’s clinic in Los Angeles mostly serves Asian and Latino clients, so she offers dietitians who speak Spanish and

several Chinese dialects. “I can use interpreters, but if the dietitians actually speak their clients’ language, the client reacts totally differently. They light up and talk more,” says Ng. Fellow L.A.-based dietitian Vandana Sheth notes that her practice attracts people with an Indian heritage because she speaks Tamil, Gujarai, Hindi and English. “Clients are excited to find a dietitian who understands their language, foods and traditions,” she says.

These dietitians have also learned — and teach others — not to make assumptions about people based on their race, religion or cultural background. As a patient, Jones once had a physician deny her request for a vitamin B12 test for herself because he falsely assumed that a black woman wouldn’t be vegetarian (vitamin B12 sometimes falls short in vegetarian diets, which can lead to anemia if left undetected). She reminds health professionals to ask questions before giving any recommendations.

RECOVERY

RIGHT FOOT FORWARD

Positive attitude, support are key for shark attack victim after limb loss

By Chris Casteel
For MediaNews Group

A tragic story made the rounds of major news programs this summer: Seventeen-year-old North Carolina teen Paige Winter lost two fingers and a leg in a shark attack. Her will to live kicked in as her father, a fireman and former Marine, dove into the water, stunned the shark and saved Paige’s life.

Since then, this remarkable young person has responded not with bitterness or self-pity, but a resolve to get on with her life in the best ways possible. Paige has the strength of youth and a great family on her side, but her loss of a limb is not an isolated incident.

The Amputee Coalition of America reports that approximately 185,000 amputations occur in the United States each year, and nearly 2 million people are living with limb loss in the United States. The main causes are vascular disease such as diabetes and peripheral artery disease, and trauma, like Paige experienced. Other causes include cancer and warfare, with many Wounded Warriors returning from combat with limb damage. Other individuals have partial or complete absence of a limb at birth.

Associated hospital costs are billions of dollars annually and the widespread diabetes in our society contributes to the alarming projection that our amputee population will more than double by the year 2050, to 3.6 million people, according to the Coalition.



PHOTO COURTESY OF CHRIS CASTEEL

Chris Casteel is co-owner of Anew Life Prosthetics and Orthotics in Detroit and has been an advocate for the limb loss community since becoming an above-knee amputee in 1988 following a motorcycle accident.

Steps to recovery

Paige’s recovery will be a challenging one, but she won’t travel this path alone. The key steps to her journey include initial heal-

ing, developing a support system and, hopefully, being able to access and finance a prosthetic replacement.

The first weeks are criti-

The Amputee Coalition of America reports that approximately 185,000 amputations occur in the United States each year ...

cal in terms of initial wound healing and prevention of flexion contractures. Physical therapy can aid with maintaining the range of motion for joints, building confidence with balance and keeping up one’s overall strength.

Once the initial adrenaline boost wanes, an individual will thrive if they possess a positive attitude, along with a strong support network of family and friends, health care professionals and volunteer counselors. This support helps smooth out the inevitable emotional roller coaster someone will face.

The Amputee Coalition of America offers peer support and counseling, and tries to find someone of comparable age who has gone through the same injury or disease process. The Coalition also asks these individuals to later on volunteer themselves and “pay it forward.”

The financial reality

Once stabilized, most individuals who lose a limb will seek a prosthetic replacement. Tremendous strides are being made medically and technically, but progress is expensive.

Today’s most advanced prosthetic legs, with computerized control of knee and ankle movements, can cost upwards of \$60,000. Even a basic prosthetic leg can cost \$20,000. Every patient will require several fittings of prosthetic sockets during the first year or two as bone and tissue remodel.

Younger children will require replacement limbs as they grow, and even someone more mature like Paige will need new limbs as the years move on.

The loss of a limb requires being invested in recovering emotionally and financially for one’s lifetime. Reimbursement is not assured for these prosthetics and related medical care, physical therapy or mental health counseling, even with medical insurance.

Fortunately, we have witnessed wonderful progress in medical care and prosthetic technology, with much more on the way.

Paige Winter has already put the right foot forward with her positive attitude in the wake of her accident, and the real lesson for anyone with limb loss is that there is always a way to get where you need to be; even if you must take a somewhat different path.

Chris Casteel is co-owner of Anew Life Prosthetics and Orthotics in Detroit and has been an advocate for the limb-loss community since having an above-knee amputation in 1988 following a motorcycle accident. He can be reached at chris@anewlifepando.com.

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