# CULTURAL FOOD PRACTICES DIABETES CARE pdf

## 1: Caring for Latino Patients - - American Family Physician

*Goody CM, Drago L: Using cultural competence constructs to understand food practices and provide diabetes care and education. Diabetes Spectrum ; 22(1)*

References Latinos comprise nearly 16 percent of the U. Latinos are a diverse ethnic group that includes many different cultures, races, and nationalities. Barriers to care have resulted in striking disparities in quality of health care for these patients. These barriers include language, lack of insurance, different cultural beliefs, and in some cases, illegal immigration status, mistrust, and illiteracy. The National Standards for Culturally and Linguistically Appropriate Services address these concerns with recommendations for culturally competent care, language services, and organizational support. Latinos have disproportionately higher rates of obesity and diabetes mellitus. Other health problems include stress, neurocysticercosis, and tuberculosis. It is important to explore the use of alternative therapies and belief in traditional folk illnesses, recognizing that health beliefs are dependent on education, socioeconomic status, and degree of acculturation. Manyâ€”but not allâ€”folk and herbal treatments can be safely accommodated with conventional therapy. Physicians must be sensitive to Latino cultural values of simpatia kindness , personalismo relationship , respeto respect , and modestia modesty. The ethnic terms Latino or Hispanic refer to a diverse population of Latin American descent that includes many nationalities and races. About 23 percent of Latinos in the United States live in poverty. Lack of third party reimbursement for professional interpreter services exacerbates this problem. Adding to the language barrier is the pitfall of false fluency, when physicians mistake the meaning of a Spanish word because of unfamiliarity with cultural or linguistic subtleties. Many Latinos are accustomed to self-treating because most pharmaceuticals are available without prescription in their home countries. Recent immigrants may face additional obstacles to care, including illegal immigration status fears of deportation , illiteracy, and a radically different set of health beliefs. A consequence of these problems is a marked disparity in the quality of care that Latino patients receive. In a report from the Institute of Medicine, more than studies were cited to document this disparity. Department of Health and Human Services. Culturally competent care necessitates cross-cultural training, which is increasingly included in medical education, but with the realization that cultural competency is a lifelong learning process rather than an end in itself.

# CULTURAL FOOD PRACTICES DIABETES CARE pdf

## 2: Cultural food practices - ECU Libraries Catalog

*To understand the connections between cultural food practices and diabetes among ethnic and racial groups, cultural competence first must be gained. This article presents a discussion about applying the Campinha-Bacote Model of cultural competency to the task of understanding the relationship between cultural food practices and diabetes.*

Received Feb 12; Accepted Jul 8. Readers may use this article as long as the work is properly cited, the use is educational and not for profit, and the work is not altered. This article has been cited by other articles in PMC. We describe cultural and family challenges to illness management in foreign-born Chinese American patients with type 2 diabetes and their spouses. Multiple six to seven semistructured interviews with each couple in individual, group, and couple settings elicited beliefs about diabetes and narratives of care within the family and community. Interpretive narrative and thematic analysis were completed. A separate respondent group of 19 patients and spouses who met the inclusion criteria reviewed and confirmed the themes developed from the initial couples. RESULTS Cultural and family challenges to diabetes management within foreign-born Chinese American families included how 1 diabetes symptoms challenged family harmony, 2 dietary prescriptions challenged food beliefs and practices, and 3 disease management requirements challenged established family role responsibilities. Framing disease recommendations to include cultural concerns for balance and significant food rituals are warranted. Increases in prevalence of type 2 diabetes in the U. The prevalence of diabetes is also increasing in Asian and Pacific Islanders, who may comprise half the million total cases anticipated worldwide by , principally because of increased prevalence in India and China 2. Chinese Americans, the largest U. Asian ethnic group, are less likely to be obese than European Americans yet suffer up to twice the rate of impaired glucose tolerance and diabetes 2 , 3. Despite significant growth in numbers of Asian Americans and their exposure to acculturation and economic stressors, little data exists on their health practices. Descriptive research on ethnic health disparities has infrequently focused on Asian Americans, and intervention trials to improve health disparities in Asians are disproportionately few considering their numbers and demonstrated need 5. Although Asians comprise an extremely diverse cultural group, research specific to cultural subgroups, such as Chinese Americans, is even less available. The problem to be addressed is how cultural and family contextual issues make care of type 2 diabetes in immigrant Chinese unique or challenging. Available literature suggests the following. First, barriers to health care for Asians include language barriers, lack of provider awareness of cultural health preferences, and lack of culturally adapted programs 6. Health disparities in diabetes knowledge and glucose regulation due to language barriers have been noted in Chinese-specific samples 7. Second, family roles and relationships in type 2 diabetes are increasingly recognized as vital to effective management and quality of life 8 , 9. Family support, intimacy, relationship satisfaction 10 , coherence beliefs, and conflict management 11 , 12 even in Chinese samples 13 have proven important to disease outcomes. Third, family relationships are likely more vital for Chinese Americans compared with European Americans because of a collectivistic social orientation and interdependent view of self  Well-being and stability of the family is often more highly esteemed than the well-being of the individual; family obligations and responsibilities similarly prevail over individual needs and wishes 14 ,  However, with few exceptions 16 , 17 , detailed information on how Chinese couples and families adapt diabetes management to their cultural beliefs and background values is lacking. The aim of this article is to detail the cultural and family challenges to illness management identified by foreign-born Chinese American patients with type 2 diabetes and their spouses. Narratives of everyday disease management challenges noted by participants were analyzed for cultural themes. Articulating these challenges enables cultural adaptations of clinical approaches with this immigrant group. Inclusion criteria included having a diabetes diagnosis for at least 1 year, being aged 35â€”75 years, having been married for a minimum of 1 year, self-identifying as Chinese American or Chinese, having immigrated to the U. Exclusion criteria for patients included major diabetes complications cerebrovascular accident or myocardial infarction within the last 12 months; proliferative retinopathy; renal insufficiency; or amputations because our intent was to study patients who were early enough in the disease to benefit from behavioral and family interventions. A convenience

sample was recruited from community clinics, community service organizations, and via public notices. Six semistructured interviews with couples in individual, couple, and group contexts focused on illness understandings, perceptions of diabetes care, acculturation histories, and concrete positive, negative, and memorable narratives of diabetes care. Interviews were conducted in Cantonese, and audiotaped text was simultaneously translated from Cantonese to English and transcribed verbatim by skilled bilingual staff. Each audiofile was then reviewed and checked for accuracy by a separate bilingual bicultural staff member who had conducted the interview. Narrative and thematic analyses were conducted by a multicultural and multidisciplinary team of Chinese American and Caucasian nurses and psychologists 18 , After all text was coded for thematic codes in Atlas-ti, codes were selected for review that identified challenging situations in diabetes management by patients and spouses. Complete text from three codes was examined: Both reflective discussions and narratives of positive, difficult, and meaningful aspects of care were analyzed. Simultaneous to this thematic analysis, summaries for each couple were also constructed. To address generalizability, findings were presented to separate respondent groups of patients and spouses who met the same inclusion criteria as the original sample. They were asked to review themes presented in this manuscript for adequacy and to add personal variations to the presented themes. Cultural and family challenges to diabetes management within foreign-born Chinese American families included how 1 diabetes symptoms challenged family harmony, 2 dietary prescriptions challenged food beliefs and practices, and 3 disease management requirements challenged established family role responsibilities. Each theme is examined in depth with supportive text. Symptoms challenged family harmony Increased irritability as a symptom of diabetes was frequently described as a challenge to family harmony. Emotional fluctuations were most often attributed to the disease rather than to the person. After he was diagnosed, when he became upset, he would yell at his mother or whomever. The brother requested a pack, but the husband bought a carton to save money and to demonstrate kindness. In this ethnic group, the social rather than physiological aspects of glucose regulation were highlighted. Participants seldom remarked upon the physiologic symptoms of glucose disregulation, such as sweating or fatigue. Rather, their narratives suggested attunement to social and behavioral symptoms of glucose fluctuation and the social dilemmas these symptoms introduced. Prescribed diet challenged cultural beliefs and practices Observing a biomedically prescribed diabetes regimen required Chinese American patients to distance themselves from familiar and shared cultural food habits and practices within the family and community. Participants found that culturally meaningful, familiar, and comforting foods had to be foregone or drastically reduced, new foods had to be accommodated, and food quantity became a source of concern. Additionally, social habits, such as eating out, sharing dim sum with family and friends, and easily participating in cultural celebrations and banquets were complicated by perceived disease restrictions. Participants explicitly confirmed that the toughest challenge was diet: When to have it. Where to have it. The meaning of rice in the Chinese family diet was a culturally multifaceted and historically nuanced story about sustaining holistic health and well-being and partaking of a symbolically vital food. These challenges were persistently noted by participants who felt called upon to cope with this change in communal meals. The importance of rice was taken for granted in group discussions. Participants agreed that the amount of rice provided in institutional food settings like airplanes or hospitals was laughably small. When consumed in limited amounts as prescribed in a diabetic diet, rice was missed not just for its familiarity but as a requirement to health and perhaps survival. A central health metaphor expressed by most participants was the need for balance. Many found that disease-related food restrictions disregarded cultural concerns for balancing foods e. Even for those who did not specifically incorporate TCM in their diet management, the metaphor of balance was powerfully invoked. You are not balanced â€¦ and you would not be feeling very well. Participants additionally feared that diabetic food restrictions, if strictly followed, might lead to emotional imbalance and depression. Pleasurable food was generally appreciated as crucial to mental health and balance: Rather, special foods and disease-specific medicinal foods should appropriately be provided for patients as both a means of supporting health and demonstrating family solicitousness. Diabetes diets also complicated shared social experiences of outings, meals, and celebrations with family and friends. Attending dim sum or Chinese breakfast alone was meaningless because meals were sustaining only if shared. Difficulties in managing the

social elements of meals were intensified in ritual meals. The presence of family reminded patients of their responsibility to observe diabetes restrictions, as a duty to family. You are well aware that the bowl of sweet dessert soup may do you a lot of harm. A final social challenge was standing out socially, requiring special attention, or even stigmatized attention because of diabetes. As in earlier reports 16 , 17 , patients varied in their willingness to disclose diabetes to friends, but most were distressed when diabetes was the focus of attention at social gatherings. Challenges to family roles and responsibilities Living with diabetes challenged Chinese Americans to adapt their family roles to accommodate the disease. Beliefs varied about who in the family should be responsible to manage the disease, creating conflicts in negotiating differing role expectations. He is not a child anymore. Assistance with diet was most often cited, but help with all aspects of diabetes care were considered appropriate. Family role conflicts centered on who should create, observe, and enforce food restrictions; the degree of understanding each family member should have about the diabetes regimen; and whose philosophy of treatment should prevail. However, conflicts arose when the cook was over- or underresponsive to restrictions when cooking. Conflicts also arose when a spouse cooked healthfully, but the patient felt unduly restricted: A few participants argued in favor of family restraint because the diabetic diet supported general health and observing restrictions demonstrated camaraderie with the patient. Participants also argued against such family restraint as unnecessarily restrictive. Longstanding couple and family dynamics were undoubtedly enacted in food arguments; diabetes provided a focus for these dynamics to be displayed. Families were additionally challenged when patients and spouses held differing expectations about what family members should learn about the disease. These patients held that spouses had a reciprocal role responsibility to understand their condition and assist with its management. They expected spouses to intuitively understand, to be highly sensitive to, and to anticipate their diabetes management needs. Differing spousal health philosophies and associated diabetes treatments led to ongoing challenges. Differences were apparent in the degree to which spouses believed in and relied upon Western biomedicine and TCM treatments and beliefs about the relative importance of treatment regimens, such as diet and exercise: How can I get mad? I feel apologetic, so I just eat these things that my husband wants. So I should not disappoint them. I also need to be more conscientious. Family sex roles shifted, with some wives shouldering greater financial support responsibilities to accommodate the perceived decrease in patient capabilities. Their narratives suggest that Chinese families are integrally involved in interpreting symptoms and constructing disease management responses. Irritability in patients challenges tranquility and harmony in family life. Prescribed restrictions on symbolically vital foods and disruptions in valued family rituals and practices are sources of suffering and loss. Health prescriptions delivered in Western biomedical terms directly challenge cultural valuing of balance in emotional, social, and physical realms.

## 3: Cultural Food Practices - Google Books

*The discussion about cultural practices can be used by all practitioners working in outpatient and MNT settings. There are specific guidelines for which foods and practices may need modification with diabetes.*

## 4: Cultural and Family Challenges to Managing Type 2 Diabetes in Immigrant Chinese Americans

*www.enganchecubano.com: Cultural Food Practices () by Diabetes Care and Education DPG and a great selection of similar New, Used and Collectible Books available now at great prices.*

## 5: - Cultural Food Practices by ADA

*3 Cultural Food Practices Cynthia M. Goody, PhD, MBA, RD and Lorena Drago, MS, RD, CDN, CDE Diabetes Care and Education Dietetic Practice Group.*

# CULTURAL FOOD PRACTICES DIABETES CARE pdf

*Steviol glycosides Teas fortunes and famines: global capital, women workers, and survival in Indian plantation country Piya Marico annual report 2012-13 Termination, psychotherapy, and psychopharmacology William Follette The Comprehensive Evaluation and Treatment of Epilepsy Whats happening to clergymarriages? XXXVI-Friends and Foes 237 The family in the American economy MCSA/MCSE Managing and Maintaining a Windows Server 2003 Environment Exam Cram 2 w CD (Exam Cram 70-290) How to get the most out of Dow Jones news/retrieval Countryside in colonial Latin America Thermodynamic properties for berlinite, AlPOb4s Nauvoo Temple Stone All the stories of the bible john walsh Opportunities and problems : final comments. Pturic images phd s synopsis 1 The Graveyard Letters Teaching geography Studies in Semitic Philology (Studies in Semitic Languages and Linguistics , No 6) Scott 2002 Standard Postage Stamp Catalogue Countries of the World J O (Scott Standard Postage Stamp Cata Billy Budd, Sailor Other Stories (Bantam Classic) Excerpt from The history of love Nicole Krauss Real Time Microprocessor Systems Colligative properties practice problems with answers The upside of permission : the workplace has become more pleasant for everyone Spanish American Womens Use of the Word The abscence of Mr. Glass G.K. Chesterton The Slave Colonies Of Great Britain Tell It As It Was Referral testing and decision-making. Observable manifestations and observational assessments Politics of mental health legislation Fanning your phlegmatic flame Lurzers Archive Special Catalogs Brochures 1 Smart quill seminar report Restaurant operation management handbook English to kannada dictionary Management of the employee with a needle stick injury Foundation XML for Flash (Foundation) Nbde kaplan anatomy Michelle Bachelet (Modern World Leaders)*