Audio Transcript for Minnesota Community Care Presentation with DessaRae Smith, Katie, and Amy Yang of Minnesota Community Care from the December 14, 2022 Culturally Appropriate Healthy Eating Educational Tool for Asian Americans: Filipino/a/x and Hmong Editions Webinar

DS: DessaRae Smith, MS, RDN, LD, Manager of Nutrition Services, Minnesota Community Care

KM: Katie Meaux, MS, RDN, LD, Minnesota Community Care Amy Yang, Manager of HIV Programs, Minnesota Community Care

Transcript accompanies Minnesota Community Care slide deck. Times listed accompany the Presentation Audio.

00:00:00:08 - 00:00:39:08

**AAPCHO** 

AAPCHO is the Association of Asian-Pacific Community Health Organizations. APT Show promotes advocacy, collaboration and leadership to improve the health of Asian-Americans, Native Hawaiians and Pacific Islanders. We offer audio recordings of our trainings for people with limited or interrupted access to the Internet and all who prefer audio based learning. This session is part three of three and took place during the culturally appropriate, healthy eating educational tool for Asian Americans, Filipino Filipina and FilipinX and Hmong editions.

00:00:39:08 - 00:01:11:21

**AAPCHO** 

Webinar. It features Desiree Smith, Katie Moe and Amy Yang from Minnesota Community Care. These speakers discuss the importance of culturally relevant diabetes prevention resources and share their expertize as dietitians serving Hmong students in Saint Paul. They will also share popular Hmong dishes that support a nutritious diet. This information is up to date as of December 14th, 2020 to.

00:01:16:15 - 00:01:48:22

DS

Good afternoon, everyone. My name is Desiree Smith. I'm a registered dietitian with eight years of clinical experience, and I currently serve as the manager of nutrition services for Minnesota Community Care. I'm really happy to be with you all today to contribute to this discussion that is so important for the well-being of the communities we serve. So as nutrition professionals, my team was asked to share about our involvement in this project, the importance of the materials that were developed, and how we might utilize them in our practices.

00:01:49:22 - 00:02:19:00

DS

When I began my career as a dietitian a little over eight years ago, I found myself really dissatisfied with the nutrition, education materials that were available to me. There seemed to be a lack of culturally appropriate nutrition tools to use in my practice with the diverse population of patients I was seeing. So I quickly realized that the very outdated and culturally unrepresentative materials that had been provided for me to use were often not helpful by my patients.

00:02:19:00 - 00:02:41:24

DS

Eight foods very different from the ones shown or recommended in my materials, which were largely based on American foods and guidelines. So given my goal as a dietitian is to really authentically connect with patients, to foster a positive relationship and hopefully a positive impact on their eating habits and health. I knew I needed better tools to better connect with my patients.

00:02:42:14 - 00:03:16:15

DS

I knew that if my tools were not culturally relevant, my patients would not trust the information I provided and would not be engaged in counseling. So I was thrilled when my former supervisor connected me with the app with App Show to learn about this incredible project you are learning about today. My team was asked to be nutrition consultants throughout various stages of this project, and while we certainly do not feel we are experts in knowing all of the foods of any given culture, we were able to contribute our knowledge of nutritional science by ensuring accuracy of the nutrition content of these brochures.

00:03:17:01 - 00:03:41:06

DS

We also provided feedback on the cultural relevancy of the messages communicated in the brochures based on our clinical experience intimately working with Hmong students. We have been honored to contribute to this project and have been a small part of the development of these beautiful tools, which we will highlight more aspects of shortly. And we were excited to utilize them in our practice.

00:03:41:14 - 00:03:44:06

DS

Next slide, please.

00:03:46:07 - 00:04:09:00

DS

So a little bit about Minnesota community care. We are a federally qualified health center rooted in Saint Paul, Minnesota. For those of you not familiar with Saint Paul. Here is where we are located. For over 50 years, Minnesota Community Care has been a safety net health care system for the Saint Paul and surrounding communities. So we have opened doors for anyone who needs care.

00:04:09:23 - 00:04:39:18

DS

Minnesota Community Care operates 19 different clinics and a variety of health programs around the Twin Cities metro area. And our mission is to strengthen the well-being of the community through health care for all. Next slide, please. So I and my colleague Katie, who is going to be presenting following me work within what we call our Health Start program, which serves middle and high school students in ten clinics within Saint Paul public schools.

00:04:40:02 - 00:04:55:17

DS

And I'm not going to go into depth with all the services we provide due to time. But this is an overview and we're going to dial in and speak more specifically to the nutrition services that we provide. Next slide, please.

00:04:58:14 - 00:05:25:06

DS

So we have two dietitians, myself and Katie, who is speaking after me. And we also are blessed to have one fitness trainer to offer free fitness training to students. We are largely grant funded right now. Our main focus with this population is preventative health care, mainly preventing type two diabetes and cardiovascular disease, which we know is prevalent and our students are at high risk for developing.

00:05:26:13 - 00:06:00:03

DS

Let's see. Yes. Next slide, please. So this is our mission and vision for our nutrition services. And we've highlighted some of the points that are relevant to our discussion today. So our mission is to provide compassionate, effective, youth centered and culturally relevant nutrition services, including nutrition counseling and medical nutrition therapy within a multidisciplinary care team which equip and empower young people to adopt healthy habits that become permanent health enhancing behaviors.

00:06:00:13 - 00:06:25:17

DS

Our vision is for all adolescents to grow to their highest possible state of health and well-being via optimize nutrition and regular physical activity, thereby interrupting intergenerational cycles of poor health and disease. A lot of words there, but basically these tools fit so well with our the mission and vision we already had. And like I said, we're just thrilled to have these tools now to help us fulfill our mission and vision.

00:06:26:22 - 00:06:35:10

DS

Next slide. Okay. I'm going to let my colleague Amy share a little bit more about the Hmong population.

00:06:36:12 - 00:07:04:18

AY

Hi, everyone. My name's Amy again and I just want to do a brief overview about the Hmong people. So we have a history of roots. We have deep roots connected in China and with my parents and my grandparents that we my grandparents are from Laos. But due to the Vietnam War back in 1975, when the war was over, they were refugees to Thailand.

00:07:04:20 - 00:07:40:24

AY

So my parents and a lot of our stories are similar to mine. So my parents were born in Thailand in the refugee camps, and when the US was accepting refugees, then we migrated to or my parents migrated to the US. I am the first generation American here and we were my parents both came to Minnesota. A lot of other Hmong among people, as you may know, are they live in California, Wisconsin.

00:07:41:04 - 00:08:14:10

AY

But then a majority of people residing in the Twin Cities metro area and just gotten a little bit more history about Hmong people. And during the Vietnam War, they didn't all have to come to America. Some went to France, someone to Australia, some went elsewhere, wherever that whichever countries would take them, they migrated there. And again today, there is a large population of young people in the Twin Cities.

00:08:14:11 - 00:08:16:21

AY

There's about 66,000 Americans.

00:08:19:05 - 00:08:46:01

ΑY

And the last thing I want to mention is we celebrate over a lot of our traditions here in Minnesota. We just had our Hmong American New Year, and I believe the next big Hmong New Year is going to be held in Fresno. That runs about two weeks and it's usually happening at the end of December. Next slide, please.

00:08:49:01 - 00:08:51:21

AY

Okay. And then I think Katie is going to take over this.

00:08:52:12 - 00:09:07:20

KM

Yes. Hello, I'm Katie. I'm going to talk to us a little bit about the role of these kind of materials in our school based clinics here. I just wanted to point out some of the demographics of one of our school. So we have a clinic within Harding High School, which I actually just learned is where Amy went to school.

00:09:08:15 - 00:09:31:24

KM

You can see that 52% of the student body self-identifies as Asian and 41% of the students speak Hmong with their families at home. I wanted to point that out because it just shows that having nutrition, education, materials that are specific to this population is so important to us. You can go ahead to the next slide. So this is the original USDA microwave blog.

00:09:31:24 - 00:09:51:24

KM

You guys are probably familiar with it. There are some pros and cons here. One huge pro is that it's very simple. It's easy to take in when you first look at it, and it does encourage good balance and variety among food groups, which we know is a core principle of nutrition. However, it lacks specific examples of food stamp along in each of these categories.

00:09:51:24 - 00:10:11:16

KM

We know that for a lot of individuals, that makes it really tough to visualize what a meal that follows these guidelines actually looks like. It also somewhat implies that foods

need to be separated during meal time. Earlier, someone mentioned all of those can go into one bowl. So exactly. We know that a lot of people don't eat with all of their food group separated.

00:10:12:21 - 00:10:31:11

KM

So if I was a student and I was looking for more examples of what a my plate meal would look like and I googled it. You slide to the next slide. I find things like this which maybe are helpful, but what if these foods don't look anything like the foods that your family has at home or the foods that you grew up eating or the foods that you like?

00:10:32:12 - 00:10:59:02

KM

Unfortunately for some people, that makes it seem like their cultures food is unhealthy or somehow inadequate, which is a real shame. Could you go ahead to the next slide serious? Come to us and say things like that all the time. Well, my meals don't look like that. Or a lot of times they've been told by a different provider that they need to eliminate rice or noodles from their diet, which is like a key component of a lot of Hmong dishes.

00:11:00:08 - 00:11:24:19

KM

Really unfortunate. Or they somehow think that the fruits and the vegetables that their family provides are not as good as the ones that are provided in schools or that they see in their health textbook or something, which is really not wholesome. You can go ahead to the next slide. That's especially unfortunate because traditional Hmong food culture has so many amazing strengths.

00:11:25:08 - 00:11:49:17

KM

There's so many nutrient dense foods that are featured in traditional dishes. Earlier, someone was talking about the Hmong farming population. So many of our students have grown up selling their family's produce, either a farmer's market or the food market. And that's an amazing resource and an amazing celebration of nutrient dense, fresh fruits and vegetables that shouldn't be overlooked.

00:11:49:17 - 00:12:17:19

KM

That's like really incredible. So historically, a lot of excuse me, historically, a lot of nutrition education materials have potentially led people to believe that their food is

inferior. Ideally, nutrition, education materials are empowering people to embrace the healthier aspects of their culture. So these are a couple that were made by Ramsey County, and that's where we are here in Saint Paul, Minnesota.

00:12:18:07 - 00:12:38:07

KM

You can see on the left here, there's an emphasis about just changing the ratio of foods, which is a big part of the Myplate concept. Instead of eliminating entire food groups. Right. The advice to not have race. So I think that's really helpful concept. It doesn't have as many examples of different foods that fit in those categories as the one that we've developed here.

00:12:39:05 - 00:13:03:08

KM

There's also a resource here that has lots of foods that's encouraging us to eat more of a lot of those like fish or greens are featured in many traditional dishes. And I'd also like to point out that a lot of the dishes or a lot of the foods here that are being encouraged to be reduced in our intake are foods that are not traditionally a part of historical Hmong culture.

00:13:03:08 - 00:13:29:17

KM

They're more convenient and fast foods and things like we were speaking about earlier. And we see in our practice that those foods are much more connected with risk of disease than anything that people make at home for themselves. So you can go ahead to the next slide. Here's some of my favorite parts of the Hmong American healthy eating plate as we were speaking about.

00:13:29:17 - 00:13:53:23

KM

An important part is that they had that survey, right. We had a survey where people were able to tell us what foods they preferred, where foods were available to them, what foods fit and what they imagine themselves eating. And we can give specific examples at each of those food groups using those foods. The plate also encourages appropriate portions like we were talking about, like maybe a little bit less rice and more of the fruits and vegetables.

00:13:54:24 - 00:14:29:19

KM

It also has an emphasis on foods, nutrient dense foods that we want to eat more of. I like that so much more than excising foods that we need less of or that we need to stay away from not as effective. I also love that there's help with estimating portion sizes that doesn't require scale for measuring cups. If you tell a high schooler that the recommendation for protein is five and a half two ounces a day, it doesn't mean much to them until they know that they want their hand to estimate that that's about three ounces of meat.

00:14:30:18 - 00:15:06:24

KM

My favorite part is here. It's so tiny, but there's so much packed into there that healthy and sustainable eating patterns considers personal preference, cultural tradition, budget and nutrition. For too long there's been like not an emphasis. Like those concepts haven't been included in what we consider to be healthy or not. But those are keys. So hopefully having nutrition, education, materials like these helps people to imagine themselves and their families as potential beneficiaries of proper nutrition instead of feeling kind of shut out of that conversation.

00:15:07:23 - 00:15:14:22

KM

So to put this into even more context, I'm excited that Amy will talk to us about a few more dishes, so I'll pass on to you.

00:15:15:24 - 00:15:38:07

AY

Awesome. Amazing. Thank you. So on the left, left side photo right there, it's the dish is kind of like stir fried pork with some greens and the bok choy on the side. It seems like the bok choy is boiled. We often eat bok choy. It could either be cooked with also stir fry or it could be steamed or boiled.

00:15:38:07 - 00:16:02:07

AY

And then we always usually have like a little chili sauce on the side so we could dip in our proteins and then have it with rice that way. So then we would call this dish and so on, and it's usually served with a group of people and it's just kind of like an appetizer really, where we could eat it together while we wait for our main meal, or we could have it as the main dish as well.

00:16:03:02 - 00:16:28:20

AY

On the right side here we have, I believe it's tofu. And then the purple rice, it's a sticky rice and mixed with I believe it's like a different type of form of rice that could die the color purple and then cooked with the sticky rice. So that's why has the distinctive color and I believe it's chicken or pork is the protein or somewhat less and greens on the side.

00:16:29:22 - 00:16:59:17

AY

Next slide, please. And then starting from the left side again, we. So what what that green is with the chicken that's boiled. It's actually pumpkin vines. So back in Laos and Thailand, we didn't have a lot of resources. So the Hmong people would just kind of like forage in the forest to see what they could find. If it could be greens, mushrooms, whatever it was, we would cook with it.

00:17:00:00 - 00:17:37:24

AY

Most of our meals back then, it was just boiled and stir fry it. And sometimes we don't even have meat because sometimes there's not any meat available. So usually it's just greens with rice. However, in the U.S., we usually have protein with with most meals. And then in the middle there we have a very popular dish that is also influenced from Laos and Thai, where it's Laos or it's chicken love, and it's usually cooked with beef, but then there's could also be a turn to with cooking it to make healthier versions of it with rather than red meat.

00:17:37:24 - 00:18:05:01

AY

It could be good with chicken, fish or whatever proteins that people would like. And then on the right side here, here's the noodles. And this is a popular dish with it's called bone. And it's also influence from I believe it's Laos and it's a red curry with herbs and eggs or usually it's made of chicken. And we call again.

00:18:05:01 - 00:18:38:13

AY

It's the bowl. Next slide, please. And then more dishes. We have at the top left hand corner. And that as steamed fish and people could cook it fried. A healthier alternative would be steamed or boiled. And we stuff it with a lot of herbs, like lemongrass, cilantro, green, onions, ginger, so forth. At the bottom corner, we have spicy bamboo salad, which is the same as our red, red salsa, red chili sauce we saw earlier.

00:18:38:19 - 00:19:12:24

AY

This is just mixed in with some bamboo in the middle. We have the green papaya salad or we call it all, and that's also influence from Laos and Thailand. There's two versions. There's the Laos with, I believe, tamarind sauce and then Thai, which doesn't have a tamarind sauce. And the green papaya is not ripe yet compared to papayas that we would have here in the US, which is one to try, but it's usually a color of orange, so we're very lucky.

00:19:12:24 - 00:19:36:09

AY

Here in Minnesota we have two Hmong farmers market or Hmong markets. One is called Hmong Village, which is located in East Side Saint Paul. And that's usually where we can go to find clothes. You can go to find food and of course Hmong veggies. And then we also have another Hmong. It's one is called Hmong town and one common village.

00:19:36:09 - 00:20:03:03

ΑY

The Hmong town is located, I believe it's like where is it? Actually, I believe it's just kind of like south of Saint Paul and then the Hmong village located east of Saint Paul. So convenient for our population, Hmong population here to get our Hmong veggies. And then next slide. Perfect. So I'm going to take it give it back to Dessa.

00:20:04:09 - 00:20:25:16

DS

Thanks so much, Amy, for sharing about your culture, which is just wonderful to hear from you. We just have a couple of last closing thoughts here in or about out of time. But main message nutrition is for everyone, all humans. There's no one right way to eat. All foods can be part of a healthful diet.

00:20:28:16 - 00:20:52:01

DS

These are just some closing thoughts as well. I'll just read the maintenance of the healthful aspects of the Hmong food habits should be a focus of food and nutrition related programs supported by public and nonprofit agencies. And that's what we're striving to do. Thank you, everyone. Thank you for the team at McGill High and at Minnesota Community Care.

00:20:52:01 - 00:21:13:14

DS

We're so excited you're able to share your awesome experience. And the great thing about diabetes prevention and the resources that we've been sharing with you all is the beautiful photos that illustrate what a healthy pig looks like. And also even they don't all have to look the same. The bad thing is just like I think we all live hungry, you know, because they all look absolutely delicious.

00:21:13:22 - 00:21:34:11

**GP** 

Thank you all for your information and sharing your knowledge. We do have a couple of questions in the chat. I know it's 1:00. If you have to go, we will share the recording so you can actually references after. But really quickly and the slides in the recording will be available to everybody. We'll share that in the next couple of days.

00:21:35:10 - 00:22:03:07

GP

I have a quick question. If our team at MCC can take a quick question from Amelia. So Amelia asks, As a nephrology social worker, I would like to know if there's any resources or diet or recipes that are renal friendly. We also don't have to answer any of the questions here today. We can gather any resources and share them all with you participants when we share the recording and the slides with you all.

00:22:03:07 - 00:22:19:04

GP

So we just want to acknowledge your awesome questions. We do have some questions about—maybe Monica can answer this—if we have information how many CHWs are Asian or Filipinx? That's a really great question.

00:22:00:00 - 00:22:24:12

MG

Within MHP Salud, we don't. Right now.

00:22:24:12 - 00:22:30:12

MG

We service the Latino population. So that's our main focus but we are focusing on other vulnerable populations.

00:22:31:14 - 00:22:34:24

MG

But we do not have any CHWs on.

00:22:34:24 - 00:22:38:14

MG

Board as far as staff who identify as.

00:22:39:15 - 00:22:42:17

MG

Filipino at this time.

00:22:43:07 - 00:23:08:01

GP

Okay. Thanks for sharing, Monica. We have another question from Karen. So Karen asked strategies to reduce rice in their Vietnamese and Laos patients. I think our team at MCC addressed this a little bit about the reducing portions and how difficult for certain cultures, of course, to just say all together, say no, no rice at all. And oftentimes it's just not feasible.

00:23:08:01 - 00:23:13:59

Speaker 2

Is there anything else that you want to add about specifically about reducing rice for for certain patients?

DS

00:23:13:59 - 00:23:29:06

Oh, yeah. Just as Katie was speaking to, I mean, really, we like to emphasize what to focus on having more of versus what to focus on having less of. We just know white rice. It doesn't offer a lot as far as fiber and things that are satiating.

00:23:29:06 - 00:23:50:10

DS

So if we're focusing on increasing those other groups that are pictured on the plate, the protein, a healthy fat, some fruits and vegetables that have fiber, those are the things that are going to allow you to naturally fill up, feel satisfied and not want to eat the whole plate of rice. So that's really the approach that we take. Katie, anything else you would add to that?

00:23:51:00 - 00:24:12:07

KM

There is a resource at the very end of our presentation that has interviews with Hmong mothers and children. And one of the things that stuck out to me was that a lot of the moms associated rice with being filling, which is interesting because nutritionally exactly

what this is said is not because it doesn't have that much protein, it doesn't have that much fiber.

00:24:12:07 - 00:24:33:17

KM

So it feels like if we can trade that thinking a tiny bit to point out the benefits of some of those other foods, that could be helpful because I've had students who have said like, well, sometimes I'm not full after I eat, so maybe I should have more rice. And then I get to say, Well, what if you had more of this or what if you had more of this?

00:24:33:17 - 00:24:42:59

**KM** 

Like, let's see how you feel with that. Because we know a lot of times the balance is a little bit off with too much of the rice. And now I hope that's helpful.

00:24:42:59 - 00:24:57:04

GP

Yeah, definitely. That's really helpful. Thank you both for that. I think that answers and adds definitely more context to Karen's question. And we're all definitely wondering, especially in the know how do I eat less rice but still enjoy it because I love it right.

00:24:57:04 - 00:25:00:24

GP

Thank you everybody who attended. Salamat, maraming salamat!

00:25:02:05 - 00:25:31:14

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00:25:32:11 - 00:25:54:03

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