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Background
It was estimated that 5.3% of Vietnamese in the United States have been diagnosed with diabetes. (1) Per Dr. Carey Jackson, director of Harborview Medical Center’s International Medicine Clinic (IMC), diabetes maintenance has been a longstanding issue with the Vietnamese patients that receive medical care at the IMC. There is a need for culturally appropriate patient education tools to help educate diabetic Vietnamese patients about food and its effect on blood sugars.

Purpose
The goal of this project was to construct a slideshow tool for the diabetic Vietnamese population to gain a better understanding of how foods affect their blood sugar. Slideshow topics included carbohydrates (starches, fruit, dairy, sweets), drinks, proteins, non-starchy vegetables, extras, meals, and cooking tips.

Methods
Information on Vietnamese American food practices was collected from a Vietnamese American cultural patient advisor from Harborview. Meetings were held with dietitians and primary care providers who work with the Vietnamese patient population to gain insight on common Vietnamese health beliefs and practices that relate to food and diabetes. A literature review on nutrition, diabetes, and cross cultural care was conducted prior to the initiation of this project.

Time was spent visiting Vietnamese grocery stores and delis in the Seattle area to purchase and photograph foods for the slideshow.

Vietnamese Diabetic Findings and Teaching Points
• Rice, noodles, fruits, and condensed milk are large contributors of excess carbohydrate intake
• Adding sugar to marinades, flavoring soups with sugar, and adding Ensure powder to milk are practices that contribute to excess carbohydrate intake
• Focus on carbohydrate portion sizes rather than changing the types of foods eaten
• Use small rice bowls, fists, and palms as units of measurement. American cooking equivalents (e.g. cups, tablespoons) are unfamiliar to this population
• Traditional Vietnamese food practice involves eating meals in a communal fashion. This is a barrier to utilizing the common “MyPlate” (2) teaching method where individuals are taught to portion their carbohydrate, protein, and vegetable intakes

Conclusions
The Vietnamese population requires tailoring of educational tools to include culturally appropriate foods, commonly used portion sizes, and common food beliefs and practices. More tools like this are needed on other health topics (e.g. hypertension) in order to bridge the communication and cultural gap between health care providers and patients.

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