

# Our Idea of Healthy Eating Excludes Other Cultures, and That's a Problem

There's more than one (Eurocentric) way to eat a healthy diet.

By Tamara Melton, R.D.N.

Google the term “examples of healthy recipes” and you’ll notice there’s very little variety in what healthy eating looks like, and that the definition of “healthy” is pretty narrow. To be more specific, you’ll see recipes and meals that are considered mainstream for white, non-immigrant Americans. When healthy eating is presented through a Eurocentric lens the implication is that other cultures’ foods are not as healthy.

What you see online reflects popular attitudes about healthy eating—lots of kale, green smoothies, and quinoa. These popular ideas are often what dietitians are trained to see as healthy, too. When I was in college studying to become a registered dietitian I was taught that the MyPlate way of eating—filling half your plate with fruits and vegetables like broccoli and berries and the other half with an even split of protein like chicken and grains like rice or quinoa—was the gold standard of healthy eating. The extent of our education in cultural competency was extremely limited. If a patient was Mexican, we should teach them to sub out the potatoes on the MyPlate with a tortilla. If a patient was Asian, swap a serving of pasta for a serving of rice.

This way of nutrition counseling just didn’t feel right to me. My father is from Trinidad, and I grew up eating lots of Trinidadian food. I never saw any of the Trini foods my family ate in my textbooks.

And the way my family eats is plenty healthy even if our meals don’t look like what you see at [choosemyplate.gov](https://www.choosemyplate.gov). We love to eat roti, which is a delicious, satisfying dish made with unleavened bread wrapped around a curry filling. And the way my family prepares it, it’s full of spices like turmeric, ginger and cumin, and filled with nutritious ingredients like potatoes, coconut milk, and, in some roti variations, chickpeas. I soon started to realize that our traditional dietetics education was not inclusive of other cultures. This also meant that we R.D.s were not being trained to use diverse examples of healthy eating when we counseled patients or wrote educational materials. We were often being taught to perpetuate idea that Eurocentric eating patterns were the only paths to healthy eating, that healthy eating means one thing and one thing only.

But teaching someone healthier eating isn’t about making swaps here and there to fit a patient’s culture into a Eurocentric diet. It should be about having a deep understanding of the way your patients eat, both on a daily basis and at special occasions, how they cook, their practices around preparing and serving food, and any other details about their diets, and counseling them to reach whatever their goals are with all those things in mind, and incorporated into the advice you give them.

Why? Because food is so much more than just energy for our bodies.

Food represents our heritage and our ancestry. It reminds us of our family and friends and our childhoods, weddings, or special events, like Carnival celebrations in Trinidad (and so many other countries). For so many people who move to a different country (or even to a different part of the same country), food is a part—and sometimes the only part—of home that they can still enjoy every day. Even though I didn’t immigrate to the U.S. from Trinidad, eating foods like roti make me feel just like I’m back in my childhood home, with my family.

When I counseled patients who had immigrated to the U.S., they would look at me, crestfallen, and say “I know I need to stop cooking and eating the way we do back home.” After a while, I realized because they never saw the foods that they were used to being represented as healthy eating, they took that to mean those

foods weren't healthy. It was like they had to choose between their heritage and their health. No person should ever have to make that decision. As dietitians we must make the effort to research the foods of our patient populations, and tailor our counseling and assessment methods to include those meals. It's no different than working with a patient who has peanut allergies or is lactose intolerant. It's simply part of our role as their healthcare provider.

Also, excluding other cultures when we talk about healthy eating perpetuates the idea of "good" and "bad" foods.

Besides the fact that placing foods on a good-bad binary is counterproductive and perpetuates toxic ways of thinking about food, this good/bad thinking also gives non-Eurocentric foods a bad rap. I've heard many American patients say they eat Mexican food when they are being "bad." But what they really mean is that when they eat the Americanized version of Mexican food. Mexican food is not all tortilla chips, queso, and margaritas! There's certainly nothing wrong with those chips and queso, it's just that they don't represent the variety in Mexican cuisine. In fact, I can't think of a culture whose dietary customs don't include all the things we think of as staples of a nutritious diet—fruit, vegetables, whole grains, and heart-healthy fats—along with other foods that might be less nutritious but are absolutely delicious. In other words, if our only exposure to the way another culture eats is American restaurants serving that cuisine, we're judging the healthfulness of a culture's food based on an Americanized interpretation, which is quite limited, and often excludes, at the very least, a culture's plant-based eating pattern. Not only does this preserve the idea that Eurocentric culture is superior to others, but it's yet another win for the good-versus-bad mindset that reinforces the worst parts of diet culture.

For us to truly help the communities we work with, health professionals need to embrace diversity, and expand the idea of what healthy eating looks like. We need to take the time to learn about other cultures' foods. That goes beyond just visiting our local Korean barbecue joint in a gentrified neighborhood. If you live in an area with a large immigrant population, go visit the grocery stores and food markets in those neighborhoods. Learn what ingredients people cook with and talk to people who live in the area about how they prepare their meals. Eat at that little hole-in-the-wall place that is everyone's neighborhood favorite. Or just start by making your next Netflix binge the late Anthony Bourdain's series "Parts Unknown." We R.D.s and other healthcare professionals need to be the leaders in challenging the status quo of what healthy eating looks like.

*Tamara Melton is a registered dietitian and co-founder of [Diversify Dietetics](#), a nonprofit organization dedicated to increasing racial and ethnic diversity in the nutrition and dietetics profession. You can follow her on Instagram here: [@tamarameltonrdn](#).*