The Good Clean Nutrition Podcast
Episode 19 Transcript

Episode 19: Managing Diabetes & The Road to Better Blood Sugar Control with Kim Rose, RDN, CDCES, CNSC, LD

Kim Rose:
Food does not have to taste like cardboard and sadness because if you aren't able to manage your condition and you're eating foods that you find no joy in, then it's not a sustainable practice.

Mary Purdy:
Welcome to The Good Clean Nutrition Podcast. I'm your host, Mary Purdy, integrative dietitian and nutrition educator. It's November, which also happens to be National Diabetes Awareness Month. So, in this episode we are going to be talking about all things diabetes from how we frame the disease and get on the path to a better blood sugar journey, to the latest research about resistant starch, the gut microbiome, and the pros and cons of consuming non-caloric sweeteners in place of sugar. Joining us is Florida-based, Jamaican American registered dietitian who is a certified diabetes care and education specialist and certified nutrition support clinician.

She has over a decade of experience in diabetes care and management and has helped thousands of clients and patients with her inclusive approach to making nutrition easy and attainable. Kim has her own private practice, is a valued member of Orgain's Nutrition Advisory Board and is also the co-host of her own podcast, Nutrition Lifestyles. Welcome, Kim.

Kim Rose:
Thank you so much for having me, Mary. I'm excited to be here.

Mary Purdy:
Well, let's start with a little bit about you. How did you become interested in working with people with diabetes?

Kim Rose:
Well, to be honest with you, it's a very long journey. It actually goes back to my collegiate days. At first I thought I was going to be a physical therapist because of course, growing up in a traditional Jamaican home, you were taught that you're going to be a nurse, you're going to be a doctor, physical therapist, or you were going to be an engineer or a lawyer.

So, when I entered FSU during my undergraduate years, I had no clue what a dietitian was. I didn't even hear anything about dietetics. But I started to notice in a lot of my metabolism classes and nutrition 101 that the teacher was an RD. So, speaking with my uncle a little bit who was also a physical therapist, he told me that he had met a dietitian at his job, and he was like, "Kim, maybe you should travel down that path."

And the more and more I got into the dietetics courses because I started to double major at the time, I realized to myself that it really doesn't matter if you are the king of England or if you are the president

of the United States. One thing that we all have in common is that we have to eat. We have to eat in order to survive and food is of equal for nutrients to enter into our system.

So, I realized that I could actually reach more people by being a registered dietitian than I could being a physical therapist. So, I just switched fields in order to focus on that. And then after becoming a dietitian, I was actually approached by the chief nursing officer at my hospital and he told us at the time that, "Hey, we don't have an endocrinologist. I want to get one. But the endocrinologist is asking for a certified diabetes care and education specialist. So, what do you think about going into that?"

I thought it was absolutely beautiful because I realized living in the south, a lot of people, a lot of patients that I started to see had issues related to blood sugar management. They either had an elevated A1C related to prediabetes or type II diabetes. So that is the long story short on how I became interested in working with clients that had diabetes.

Mary Purdy:
Yeah, well we know that diabetes is a monumental health issue. I think we've got over 37 million Americans who have diabetes and 96 million or one in three people are living with pre-diabetes, which is the precursor to diabetes potentially, or with blood sugar dysregulation. So, it's definitely clear that people need some guidance and for our healthcare providers out there, whether it's from diagnosis and how we talk about the disease to food choices and beyond that, what role do we play as healthcare providers in helping to have patients prevent diabetes, address diabetes, control, manage diabetes. What are your thoughts?

Kim Rose:
I think you really hit the nail on the head when you say it's the way that we talk about diabetes. It's the way that we talk about illnesses. Because a lot of the times when I meet someone, I realize that there is a lot of blaming that "Oh, I caused this condition to come upon myself based on my food choices." So, I think a lot of the times it deals with reframing our speech and reframing our word choices when it comes to the prevention such as awareness when it comes to the management, basically saying food does not have to taste like cardboard and sadness.

Because if you aren't unable to manage your condition and you're eating foods that you find no joy in, then it's not a sustainable practice and you increase morbidity and mortality. And also, in the controlling of diabetes when it comes to monitoring your A1C and also self-management, I think a lot of the times we take the power of control out of our patient’s hands, and we put them in our hands instead of equipping and empowering them with the knowledge that they need in order to make a sustainable choice that is best for them.

Mary Purdy:
Absolutely. Putting that power back into the hands of the patient is so key. And I love this idea of reframing how practitioners actually speak about it. What do you consider to be successful management of diabetes?

Kim Rose:
Oh, this is a good question. So, I am definitely in line with the standards of care for diabetes management and one of the standards of care, one of the goals is to definitely achieve targeted glycemic control. And these goals have to be individualized depending on your age, your activity level, but definitely achieving those goals whether it's with your finger pricks or whether it's your A1C or your fasting blood sugar numbers.

I think another thing that I do consider to be successful management is implementing lifestyle changes. Medications do have a proper place in diabetes care and management, but also lifestyle changes have a proper place as well. So, I think really empowering and equipping patients to, "Hey, increase your fiber intake and realize that carbohydrates are not the bad guys." They do have a proper place in a "diabetic diet" even though we know that there is no such thing and realizing that stress and sleep, and physical movement all play a role. So, I think that would be successful management really equipping our patients to have the full locus of control in all aspects of their diabetes management.

Mary Purdy:
You talked about having managed clinical outcomes that are beneficial, lifestyle outcomes. And I heard you say earlier a little something about joy. Now, we all know that we need a little bit more joy in our lives. So, let's talk a little bit about that because when it comes to eating, it can be joyful. And you have shared a personal story in the past where a doctor that you have spoken with tends to recommend that people who have diabetes should not eat carbs and should not eat any white foods. What kind of impact is this having do you think on patients?

Kim Rose:
I think this has the impact of allowing patients to see that there are good foods and bad foods. And really in reality, food does not have that moral capability to choose between right and wrong. So going back to that story specifically when a client came to me and told me that their primary care provider said no white foods. So, I said to them, "Well, what about onions? What about garlic? What about milk? What about yogurt?" These foods are full of antioxidants. They have proteins. Some of them have some healthy fats in it. And she was like, "Nope, nope, nope. I can't have any of that. That is all classified as white foods."

So, I think a lot of the times when it comes to understanding that the color of food has nothing to do with the nutritive property of the foods, I think it gets our clients and our patients in a sticky situation because they end up excluding all of these foods from their diet, excluding antioxidants, which research shows helps to manage blood sugar levels and then they can end up developing what is not spoke about often and eating disorder or disordered eating because of it.

So, when I see individuals that do have eating disorders or do have these preconceived notions about food, I realize that I do have to fight with their mental conditioning before I can allow or help them get their blood sugars under the proper management that it needs to be. So, I think it's more harmful than helpful.

Mary Purdy:
I agree. I think restriction never leads to success when it comes to helping people to shift their diets. I'll give a shout out right now to cauliflower and daikon radish because those are also white foods that are exceedingly healthy for us. We know that diabetes also disproportionately affects people of color and those diverse ethnic background. So why do you think that is?

Kim Rose:
I think it has a lot to do with the social determinants of health, to be honest with you. So especially social determinants of health are really just conditions and environments that people are born in, that people live, people learn, people work, people play. And this really does affect health and health outcomes.

So, when I look at the environment or when I look at education, when I look at culture, when I look at finances, I can see that this has an overreaching effect on the outcomes for individuals that have diabetes and prediabetes. So, I think a lot of the times in our profession we focus on food, which is right, but there's all these other factors that we may not take into consideration.

So, for instance, the environment. I definitely live in a food apartheid where you can see the division between what is accessible to some people and what may not be accessible to others. So, individuals that do not have the accessibility, they do suffer from food insecurity and higher food insecurity is equivalent to higher blood sugar levels. When I look at education, the economic stability, macros is more important at this time than for someone to manage their blood sugar. So, I was speaking to a friend of mine who also lives in a south and she's a pharmacist and she tells me a lot of clients come to her and say, "It's either I'm going to get this medication or I'm going to take the money, I'm going to buy food with it."

And of course, food according to Maslow's hierarchy of needs is one of those pillars that need to be met before you can feel safe. And also looking at culture, different people understand their health through the lens of a cultural perspective. I had a client say to me one time that they're not going to give up bread because according to their culture, bread was equivalent to life.

So, if I take away bread, which I wasn't telling them to take away bread, that I'm basically taking away their life. So, I think a lot of the social determinants of health shape our understanding of food and what the clients may or may not be willing to do. So instead of really giving them, "Here are the laws, eat this, don't eat this," we really need to work with them to see, "Okay, in your culture, in your environment with your finances, what do you think can be feasible for you to improve your glycemic control?"

Mary Purdy:
Yeah. Those social determinants of health are so key in this conversation. And you had talked earlier today about stress and we know that stress can have an impact on dysregulation of blood sugar and the stress of just having less access to food or having discrimination practices against you or are experiencing racism. These are all social determinants of health as well that can affect blood sugar. And Kim, for those who may not be familiar with the term food apartheid, can you shed a little bit more light on what that means?

Kim Rose:
Sure. Food apartheid is really a system of segregation. So, some people have access to nutritious foods and others don't have access. So, for instance, imagine going to a grocery store and you're seeing an abundance of fresh fruits and vegetables. Some people may be able to afford it and others may not be able to. And that is what I mean by food apartheid. It creates a system of segregation that those that are financially able to afford it can, and those that are not financially able to afford it cannot and will not get access to those foods.

Mary Purdy:
Thank you for clarifying. I know this is a term that's often replacing the term food desert now, so I'm glad you brought that up. Thank you. And you talked about culture, which I think is a key part of our conversation today. I think of some of the three staples in the world, corn, rice, wheat, these are often thought to be these no-no's on the list of foods that are recommended to people who have diabetes.

And yet these are often foods for many people that are cultural for them. It's a big part of what is familiar to them. They rely on these nutritionally as part of their culture. So how do you help people who are really tied to cultural foods manage diabetes and still get to eat the foods that are meaningful for them?

Kim Rose:
Right. And that is a great question, Mary. I always wonder to myself, when did the war on corn and rice, and wheat, when did that start? Where did that come from? What is the origins of that? But I think a lot of the times in order to help clients that have a very starch heavy diet to help them to enjoy the foods that they like because these are cultural staples and also to improve their blood sugars, I think the focus needs to be switched a little bit.

So, I'm going to use myself as an example and I'm going to use my family as an example. Prediabetes and type II diabetes runs very deeply within my maternal side of the family. So, the first thing on the plate that you would see is just a big bowl of rice. So, I think a lot of times switching the focus from the carbohydrates and focusing instead on the protein or on the resistant starch or the non-starchy vegetable to be the focus.

So, I think it's a matter of flip flopping the focus, realizing that "Hey, you can still enjoy your cultural foods, but let us, instead of doing from the law of subtraction, instead of taking away, let us add more fiber, let us add more protein to it." And then also research is showing as well, and this is of course novel that when you eat in a particular order, it may help to regulate your blood sugar more.

So, I always like to tell my clients, "Hey, let's go ahead and let's eat that non-starchy eat vegetable first and then the protein next." And then finally let's eat the carbohydrate. So really functioning from that law of addition instead of subtraction, I'm finding that it can help to change the mindset around diabetes instead of being told, "Oh, dietitians of the food police are going to take away the foods." Instead, let's shift our views a bit.

Mary Purdy:
Yeah, I think that's helpful. I mean, I'm also a huge fan of adding in as opposed to telling people to not eat something. And then this idea of combination of foods and also making sure you've got the adequate protein; you've got fats that help to regulate the rate at which the carbohydrates get broken down in the body. You talked about the order in which you're eating food. So, I'd love to hear more about that too.

I want to talk a little bit more about culture because I feel like this is a conversation that we need to have, especially as healthcare practitioners who are often representing mainstream culture. We need to be ensuring that the advice that we are giving is culturally appropriate and we need to make sure that the foods that are so meaningful for people are part of a diabetes diet as you mentioned. So, what recommendations do you have for practitioners who are often working with people who are different from themselves, culturally different, ethnically different who have different practices related to their culture? How do you advise that practitioners work with people around these issues?

Kim Rose:
Sure. That is another very good question because a lot of the times the follow up question I get to that is, "Kim, how can I be culturally competent with a variety of different subgroups that I'm working with?" And the answer is that culture evolves over time and you, just like becoming a dietitian, we know after we pass the RD exam or after you pass your boards to become a physician, you have arrived. But culture is not the same. Culture evolves with time. Culture is always changing.

So, one thing that I can say to practitioners who desire to be more culturally competent, is to first find a cultural broker. And a cultural broker is a go between someone who understands the culture of the persons that you're desiring to work with and someone who understands the culture that you are living in, in order to bridge that gap.

Another thing that I would say that is important is spending more time around the different cultures you are working with. So, for instance, I live very close to a Seminole Indian reservation, and they have invited me to the reservation. So, when you get an invite, you go. You go, you observe, you learn, you ask questions.

The third thing that you should do, which I think is phenomenal, is if you may be uncomfortable for some reason or another physically going to a particular area where they may have a culturally diverse space is to watch documentaries. Documentaries really do open up your eyes to see like, "Okay, this is what this particular subset of people had to go through. This is how their culture impacts their views. This is their understanding of how their health plays a lot with their perception of how they may view you as a medical practitioner."

Those three things are important. And then also the fourth thing is if you do get a patient or a client that may be of a different culture switching roles and having them realize that, "Hey, I'm here to learn about you. What foods do you like?" Do you eat these foods around a certain religious holiday? Do you eat these foods every day? Are certain foods designated for certain people in your particular ethnic culture? So just really switching roles and having them realize that they're the expert and you are here to learn.

And the reason why you want to do that is because it builds trust, it builds rapport, it breaks down walls, it breaks down barriers.

Once you have that trust from someone that is of a different culture, then higher trust means increased better outcomes because they're not going to hide anything from you. And they're not going to say, "Well, I may have eaten a starch heavy food or my A1C is a little elevated, and then they may feel shame around that." But when they start viewing you as someone that they can trust, someone that is not going to judge them because their A1C was not where it was, but more so as a trusted health professional, then this can really turn things around related to their outcome and their glycemic goals.

Mary Purdy:
I'm so glad you mentioned trust, because I think that is such a key part of the practitioner patient relationship that gets forgotten because the practitioner becomes the expert, the person who knows everything. And it is so often the patient who knows what is meaningful for them. And these questions of asking somebody what foods are culturally important to you or what foods are important for you in general? And this idea that you mentioned of observing, listening, asking questions, really puts the onus on the health practitioner to learn to be the lower status part of that conversation. I want to give a shout-out to a fantastic documentary called Gather, which really gives insight into indigenous food ways, which I think is a fantastic documentary out there. So, there's just one suggestion there. We know that recommendations for people who have diabetes are going to vary from person to person, whether that's because of culture, background, medical issues, genetics. What are three effective strategies that you have found from a dietary perspective that have helped patients that you've worked with to manage their blood sugars?

Kim Rose:
Sure. So, one strategy is definitely fiber. Fiber is found in a variety of resistance starch. So basically, what I mean by resistance starch, there are certain foods that have carbohydrates or starch in them that cannot be broken down in the body. And these foods are green bananas, plantain, cooking cooled rice, lentils, and beans, for instance. A lot of the times individuals are told like, "Hey, take these foods out of your diet." When I'm like, "No, keep them in there because they have resistant starch. They have fiber in them."

So definitely fiber up. The second thing is to eat the foods that you like. Food should taste good. Food should be something you enjoy because if you're not eating the foods that you like, then this is not going to be a sustainable practice. I've heard a lot of people say I was on X, Y, Z diet and yes, it did get my A1C down.

It did allow my blood sugars to get to the area that my doctor liked it, but I was unhappy. So definitely eating the foods that you do like. And the third thing is joyful movement. I don't like to use the word exercise because exercise seems to be a lot of work. So I say joyful movement. So really if you don't like to run, I tell people, then dance. If it's too hot outside, then get a broom, get a mop and start sweeping, start dusting.

Joyful movement really is anything that you make it to be. If you are dusting, go ahead and put a little extra shoulder work into the dusting just to get your body moving.

Mary Purdy:
I'm Mary Purdy and you're listening to The Good Clean Nutrition Podcast. We're on with dietitian Kim Rose talking all about diabetes. Now, we'll share more about the latest research about gut health and sugar alcohols. But first, a word from the sponsor of this podcast, Orgain.

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And now, let's get back to our conversation with Kim.

So Kim, earlier you were talking about resistant starch and I would love to hear a bit more about this because I think people don't often know that resistant starch can play a role in blood sugar regulation. So how do we process resistant starch differently from how we process other carbohydrates?

Kim Rose:
Sure. So resistant starch is really fermented in the small intestine of the body and it acts as a prebiotic. So, there's been a lot of talk about prebiotics and probiotics, but prebiotics are really compounds that induced the growth of beneficial bacteria inside of our gut. And novel research is showing that prebiotics may also help with metabolic conditions, one of them being pre-diabetes as well as type II diabetes.

Mary Purdy:
Excellent. So, you mentioned that resistant starch is found in plantains, bananas.

Kim Rose:
Yes.

Mary Purdy:
Cooled rice and potatoes. Keep on going

Kim Rose:
Green bananas, plantains, cooled and cooked rice, cooled and cooked potatoes. It's found in beans, it's found in lentils and all of these foods.

Mary Purdy:
Cassava?

Kim Rose:
Yeah. It's found in cassava as well. Thank you. I know I was missing one. So, it's really found in a lot of culturally diverse foods.

Mary Purdy:
Okay, great. I'm really glad that you started bringing up gut health because we are learning so much more about how gut health obviously interacts with all of our systems, but specifically as it relates to blood sugar issues. So, tell us a little bit about that connection and that's coming out in the research now between the health of the gut and blood sugar regulation.

Kim Rose:
Sure. So, more research definitely does need to be conducted, but what the research is showing is that when there is a dysbiosis in the gut, it can be a cause of insulin resistance, especially for individuals that have type II diabetes. So, in the gut, when we metabolize foods that do or do not have a lot of fiber in them, this can cost certain metabolites to be produced. And the metabolites are involved in modulating nutrition. They're involved in harvesting our energy. They're involved in the gut barrier function. They're involved in inflammation. It's a whole host of things.

And one of the things that it's involved in, which is important for our conversation is glucose metabolism. So, in that gut dysbiosis, if we exclude certain foods that have resistant starch, foods that come from various sources, if we do not include foods that have antioxidants in them, then this can cause our glucose or blood sugar levels to be elevated.

So, it's important that individuals and even ourselves, I believe that blood sugar management is important not only for individuals that have pre-diabetes or type II diabetes, but it's important for everyone. So definitely we want to enhance the good gut bacteria in our stomachs and eating these foods, variety of different foods that have fiber in them is important to do that.

Mary Purdy:
Great. And for our listeners out there, if they're not familiar with that term dysbiosis, this is ratio changing of your good bacteria and your bad bacteria and too many bad bacteria hanging out, which we know is problematic for numerous health issues specifically as well blood sugar issues. And you also mentioned these metabolites. Again, I want to give a shout out to the metabolites being short team fatty acids, which I think people have heard of.

So, want to make sure we make that connection there. So, the gut really does play an interesting role. And you mentioned fiber, which of course we know has numerous health benefits, but are there other foods. I'm thinking of things like bitter melon that are in different cultures that also play a role in promoting gut health.

Kim Rose:
Yeah. There's actually bitter melon and outside one of my clients was telling me... Not my client, my neighbor, I have some cactus outside and they're like, "Oh, we eat this." And I'm like, "Really? Tell me how." So, they shared the recipe, but bitter melon and also cactus, it's very culturally diverse foods, but they also do have this gut promoting health benefit in it as well. So, all in all, this is what I say, definitely be adventurous and trying different foods from other cultures. Don't knock it until you try it because they do have some gut benefits.

I think a lot of the times as dietitians, we do need to expose our pallets, expose ourselves to those foods. So, another thing that I would like to add is going to different authentic restaurants and trying the foods there and seeing what they will have. I don't know what it is. I don't know if it's ancestrally, but their ancestors definitely did have a good understanding of these are the foods that we eat, these how it may be beneficial to our body.

And research is catching up now and showing, "Hey, these food compounds actually do have beneficial components of them, which is good for our overall gut health, which can not only help with blood sugar levels, but overall metabolism." The metabolism is important as well because when we look at individuals with diabetes, they do have a higher risk of developing heart related issues. We do need to take it from a holistic perspective instead of just looking at just one snapshot, just looking at, "Oh, we're only looking at diabetes, but looking at the entirety of the human body and how it functions, how each organ functions with one another."

Mary Purdy:
Amen to that. Absolutely. And when it comes to bitter, I've been doing some interesting reading about the taste of bitter and how bitter foods actually stimulate the release of certain gut hormones that help with blood sugar control, that help with the secretion of insulin that help us tie any signaling that help with the slowing down the rate at which your stomach empty. So, I really love this idea that traditional knowledge around bitter foods, which are eaten in so many cultures, there's a reason behind that. And for seeing the research, as you mentioned, catch up on that. So very, very cool stuff.

I want to switch gears a little bit to non-caloric sweeteners because these are often recommended by practitioners, sometimes by dietitians as well. Things like aspartame, which is more of a chemical artificial sweetener or non-caloric sweetener. And then things like Stevia, which comes from a natural plant but is still a non-caloric sweetener. A lot of people who have diabetes are told to go sugar free or to eat sugar free versions of their favorite foods. What's your take on that?

Kim Rose:
So, my take on it is really to meet my clients where they are. I have presented the research to my clients and some of them were ready for it and some of them were simply not ready for it. I think the reason for that is because still retraining their frame of thought behind, "Oh, this is another thing I'm going to have to give up. I'm taking out the joy for my foods and I want them to have sustainable numbers." So really, I think the main thing is to meet my clients where they are.

So, for someone that may not be interested in going sugar free at the time, what I do is focus on their upstream factors. I focus on, "Well, all right. You may not be comfortable doing that. So, what do you think about increasing a variety of different fiber rich foods into your diet? What do you think about adding in some probiotics and some prebiotics?" Other individuals that are interested in it that I say, "Okay, that's perfect."

So, I don't think a lot of the times the answer is to take away the sugar replacement and then focus on sugar, but what I do tell them is, "Well, if you do want something that is sweet, naturally, these are the sweeteners." For instance, dates is the first thing that comes to mind. Fruits is the second thing that

comes to mind. Focusing on those things instead. So, I really think it really depends where the patient is. It really depends where they are in their journey. Some people are ready for it and some people are not.

Mary Purdy:
We come back again to making decisions with your patient as opposed to telling them what to do, but meeting them where they are. And if their blood sugars are out of control and the only way they can keep them in control is whether by using a non-caloric sweetener. That may be the priority there. But the same go in your opinion for sugar alcohols?

Kim Rose:
So, sugar alcohols, sometimes they tend to be a little different. Some of my clients like the taste, some of them don't like the taste. So again, it's really about just meeting them where they are in their journey. I've tried one particular client that comes to mind, I tried to switch over to sugar alcohol and she was totally against it. So instead of focusing on that, I looked at what is your overall picture? What am I seeing here? It really depends.

Mary Purdy:
Yeah. Got it. That overall picture is really key. If they're not getting joyful movement, maybe that's the thing to focus on before we start switching them to artificial sweeteners or whatever the case may be. And we know that everybody's a little different. People respond differently to different foods that can be related to genetics. That can be related to what they ate earlier in the day. That can be related to the types of foods that they're eating. What about personalized nutrition? This idea of really telling people to... Or guiding people around diet that's personalized to their situation. How do you feel that is a helpful tool for working with those with diabetes?

Kim Rose:
I think that is an extremely helpful tool because it's one size does not fit all. I may say to one person, increase your fiber intake and their blood sugar levels do not budge. While the other person, I say, "Hey, increase your fiber intake. Let's get in some joyful movement. Focus on those healthy fats," and their blood sugar responds. So, I definitely think personalized nutrition has its space in diabetes care and management. And this is also something that we as professionals, we definitely do emphasize.

I think it's beneficial to find out what works with your body. I have some clients who can eat a whole bowl of pasta and others who cannot. And again, it goes back to that gut microbiome. What is that gut doing and how can we not create that dysbiosis but instead have that good bacteria flourish just a little bit more and a little bit stronger. So, I think personalized nutrition does have a proper place and a proper space. So, I see novel research is coming out about that as well. Testing your personal gut and what it's doing and how much good bacteria and "bad bacteria" present? But I think there's benefits to it.

Mary Purdy:
Yeah. We actually have a great episode with Dr. Will Bulsiewicz, who talks a lot about this as well. So listeners, check that out if you are interested. Speaking of more information, where can people go to find more information about diabetes, about ethnically diverse meal plans, taking into consideration culture? Give us some advice.

Kim Rose:
Sure. So, there's really one great website. It's called diversityanddiabetes.org. It is a non-profit organization that really helps to create awareness and it provides education and also solutions that address diversity issues in the diabetes space, especially seeing individuals of color are disproportionately impacted. So, I think that is a great place to start. I also think another place to start is really to be honest with you, visiting local food pantries, especially for those that are dietitians.
And the reason for that is when you see who is visiting the local food pantries and the needs that they have there, then you will begin to realize what you can do in your community. So case in point, I visited my local food pantry recently and she was the nursing supervisor at the community college here, told me that when she gives out dried beans, people just throw it away or make toys, and make bean bags for their children because beans are not viewed as a nutritive or a tasty food.

So really realizing that let me be aware to what is going on in my community and how I can play a part and be a difference. And this is how too, by giving back to our communities, we can reach individuals who we may not see in the clinical setting or may not see in our private practice, but just making yourself available and reaching the underserved. So that is definitely one way I would like to encourage all dietetic or medical professionals or even non-medical professionals listening to this that may be interested in food and nutrition to give back to the communities that they live in.

Mary Purdy:
Well, thank you so much for joining us. It's been an absolute pleasure speaking with you. And thank you for shedding so much light on the cultural components of diabetes and just terrific strategies in general. We look forward to having you join us for future episodes of The Good Clean Nutrition Podcast sponsored by Orgain where we'll interview more subject matter experts on a variety of health and nutrition focused topics. To stay up to date on the latest episodes of this podcast, be sure to subscribe on your favorite podcast platform. Thanks so much for tuning in. See you next time.