

# Year of International Dietetics: Trinidad and Tobago

BY CLARE CURLEY



Marise Austin, a dietitian in Saint Joseph, Trinidad, counsels a seven-year-old patient during a recent outpatient visit. The girl is just shy of 4 feet 6 inches tall but weighs 108 pounds, putting her BMI at 26, much higher than what it should be. As they talk, the girl says she often eats lasagna for lunch at school and snacks on hotdogs with her friends afterward.

This is not an unusual scenario in Trinidad and Tobago, a small twin-island nation located in the southern Caribbean. On the radio, between calypso tunes, you're likely to hear a jingle reminding you to eat well and exercise regularly—part of the government's effort to bring down the rate of a number of chronic diseases. Obesity in Trinidad and Tobago is increasing among people of all ages, and heart disease and diabetes join cancer as the country's top three killers.

Famed for its beautiful beaches and massive Carnival celebrations, T&T (as it is often called)

is also known for its tasty, ubiquitous street food. Much of the native cuisine is healthy—chickpeas, greens, chicken, mutton, pumpkin and beans are common ingredients—though it is often prepared using coconut milk, butter or margarine, or oil high in saturated fat. Nutrition professionals in T&T share in the struggle to get people to use fat more sparingly, often suggesting substitutes like low-fat or skim milk or olive oil and cooking with less bullion and salt and more garlic and spices.

The T&T culture lies somewhere between a traditional and a more modern society with many Western influences. The most economically stable country in the region, Trinidad and Tobago has a relatively low unemployment rate. People cook less at home (fast food chains have swept the Caribbean) and have access to cable TV and the Internet. Fewer jobs involve manual labor and most people don't engage in a physical exercise routine.

"In a nutshell, we are not much different than the U.S.," says June Holdip, MS, RD. Holdip works at the Caribbean Food and Nutrition Institute, the regional nutrition center of the Pan American Health Organization, which provides technical support and guidance to the English-speaking Caribbean countries.

Trinidad and Tobago has a population of 1.3 million, located mostly on Trinidad, the larger island, and is comprised primarily of people of East Indian and African descent, but also including Chinese, European and Syrian ethnicities. The cuisine reflects that diversity. One local favorite, roti, is a bread wrap filled with chickpea or potato curry and served with chutney. Others include "The Double," a flat, fried sandwich, and callaloo, a coconut milk-based stew.

Some of the population's diet is based on food availability, cost and seasons. Many fruits are plentiful in the first half of the year, for example. Later, during the rainy season, store shelves fill with pricier, imported items. There's a common perception that certain foods, like imported fruit and dairy products, are too expensive.

"In the hospital, when you start talking about fruits, people think of oranges and bananas," Holdip says. "When those fruits are not abundant and the price is not right, they have the impression that no other fruit is around."

For example, pommecythere is an indigenous fruit that is available during the rainy season. When Holdip suggests it as an alternative, some adults dismiss it as "fruit for children."

The younger population also brings its own set of issues. The CFNI recently finished a series of training programs for nutrition management in treatment and care of HIV/AIDS, a leading

cause of death among young people. Attended by both health-care providers and lay caregivers, the program includes two publications that Holdip helped produce.

"A lot of focus on HIV has been centered on prevention, condom use, therapy, counseling and testing," Holdip says. "Through this project, we were able to bring nutrition to the forefront."

Though the country has a high literacy rate and a majority of people live in urban areas, high-tech malls stand next to makeshift shacks with no running water. The government of Trinidad and Tobago hopes to achieve "developed nation" status by 2020, a project known as Vision 2020. Improving health care is among the major goals of this plan.

For example, recent legislation regulating retirement homes and treatment of the elderly addresses the demographical transition of an aging population. There is an abundance of retirement homes in the Caribbean but an absence of standards for caring for the residents, something Isabella Granderson, MPH, RD, would like to change.

"You're dealing with caregivers who have not had training in food preparation," says Granderson, who lectures on medical nutrition therapy and other topics at University of the West Indies in Trinidad. "There's a great need for dietitians to serve as consultants. That area is still untapped."

However, with only about 30 full-time hospital dietitians in T&T (still more than other countries in the region which face many of the same health problems), consulting at retirement homes could remain an untapped opportunity for the time being.

Dietitians in Trinidad and Tobago complete a one-year internship at the University of the West Indies and register through a local board affiliated with the Trinidad and Tobago Association of Nutritionists and Dietitians. There is no examination or continuing education requirement, and due to a lack of personnel, choosing a specialty generally isn't an option. T&T dietitians balance their days between clinical and foodservice at hospitals, but many spend additional time working in the community.

Marilyn Medrick sometimes drives three hours to a remote clinic in eastern Trinidad to treat patients with diabetes. The government-funded community nutritionist position requires her to travel to 11 clinics throughout the region.

Her main challenge remains, not surprisingly, getting patients to follow their meals plans. That, and getting them to show up for appointments. At times Medrick gets frustrated, but never bored.

"For a high percentage [of patients], it's only when the doctor tells them their kidneys are beginning to fail that they pay attention," she says. "But I feel very good when I see my clients losing weight."

Despite the increase in obesity and chronic illness, Medrick, who has taught through the International Diabetes Federation, is optimistic about the direction of careers for dietitians in her home country. College tuition, which used to be partially subsidized, is now free, making degrees in nutrition more accessible.

"We have more nutrition and health promotion now in Trinidad and Tobago," she says, "so I expect we'll have more dietitians in the future. Hopefully that will help generate more awareness and people will get the message."

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